

Case Number:	CM15-0011702		
Date Assigned:	02/10/2015	Date of Injury:	02/16/2010
Decision Date:	04/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male who reported an injury on 02/06/2010. The mechanism of injury was not included. His diagnoses include degeneration of cervical intervertebral disc. His medications included diazepam 5 mg, hydrocodone/acetaminophen 10/325 and Zofran 8 mg. His treatments have included physical therapy, aquatic therapy, pain medication, work modification and TENS unit. His surgical history is not included. The progress report dated 12/05/2014, documented the injured worker had a complaint of right sided neck pain that he rated at a 5/10. On physical exam it was noted that the injured worker had numbness in the right upper extremity, tingling in the right upper extremity, stiffness and spasms of the neck were noted. The injured worker stated he felt anxious and was having interference with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Diazepam 5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Diazepam 5mg #60 with 2 refills is not medically necessary. The California MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. There is no indication to provide refills of any medication without interval evaluation of its efficacy. As such, the request for diazepam 5 mg #60 with 2 refills is not medically necessary.