

<b>Case Number:</b>	CM15-0136136		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 50 year old male, who sustained an industrial injury on September 12, 2014. He reported left leg pain. The injured worker was diagnosed as having tibia fibula fracture requiring surgical intervention. Treatment to date has included MRI, x-ray, surgery, psychological consult, chiropractic care, acupuncture, physical therapy, medication, home exercise program. Currently, the injured worker complains of left knee pain that radiates to his shin, described as burning, stabbing, weakness and stiffness sensation. The pain is rated at 6 on 10 and is exacerbated by putting pressure on it and decreased by sitting and no pressure applied. He reports left ankle and foot pain that is constant and rated at 6 on 10. He describes the pain as achy, stiffness and deep sensation and reports ankle and foot swelling. He reports sleep disturbance, anxiety, depression, stress and tension due to pain and financial concerns. The injured worker is diagnosed with joint pain (ankle) and post left tibia fibula ORIF. His work status is return to work with modifications (if modified duty is not available, the injured worker will be placed on total temporary disability). A note dated May 18, 2015 states the injured worker is experiencing a decrease in pain from physical therapy and acupuncture, which is allowing him to engage in activities of daily living. A note dated June 15, 2015 states the injured worker had a psychological evaluation due to complaints of anxiety and depression (the evaluation was not included in the documentation) and recommended the injured worker be prescribed medication to help combat these symptoms; therefore Diazepam 5 mg #60 is being requested for symptoms of anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for diazepam, Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested diazepam is not medically necessary.