

Case Number:	CM15-0147552		
Date Assigned:	08/10/2015	Date of Injury:	05/01/2010
Decision Date:	09/25/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on May 1, 2010. She reported gradual onset of neck and right shoulder pain. Treatment to date has included epidural steroid injections, physical therapy, TENS unit, medication, MRI, spinal cord stimulator, Botox injections, electrodiagnostic study and home exercise program. Currently, the injured worker complains of constant, severe neck and right shoulder pain that radiates to her right arm. The pain is described as exhausting, electrical, throbbing and tender. The injured worker is currently diagnosed with idiopathic peripheral neuropathy and mononeuritis causalgia (not otherwise specified). Her work status is temporary total disability. A note dated November 26, 2014 states the injured worker experienced efficacy from Botox injections. A note dated April 10, 2015 states the injured worker experienced efficacy from the epidural injections. The note also states the injured worker feels better with the removal of the spinal stimulator. A progress note dated May 13, 2015 states the injured worker experiences pain relief from rest, lying down, quiet, sitting, standing, medication and massage. A note dated June 9, 2015 states the injured worker pain is reduced from 10 on 10 to 2 on 10 with medication. It also states the injured worker is able to engage in activities of daily living and experiences improved function from her medication regimen. A progress note dated July 7, 2015 states the medication reduces the pain from 10 on 10 to 8 on 10. The medication, Diazepam 5 mg #60 with one refill (prescribed July 7, 2015) is requested to decrease the injured workers' muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60 with 1 refill, prescribed 07-07-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p.24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, diazepam was used chronically for muscle spasm, reportedly, leading up to this request for renewal. The reports do not address how effective this medication was currently and independently of the other medications. Regardless, ongoing use of this type of medication is discouraged and not recommended by the Guidelines. Therefore, the diazepam is not medically necessary. Weaning may be indicated.