

Case Number:	CM15-0161976		
Date Assigned:	08/27/2015	Date of Injury:	12/19/1996
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male, who sustained an industrial injury on 12-19-1996. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic neck pain, chronic use of opiate drugs, arthropathy of cervical facet joint, cervical post laminectomy syndrome, and headache. Treatment to date has included diagnostics, cervical spinal surgeries, spinal injections, and medications. Currently (7-02-2015), the injured worker complains of neck pain, stiffness, muscle spasm, and tenderness. Pain radiated to the right and left trapezius. Associated symptoms included headache and upper extremity weakness. Medications included Norco, Naprosyn, Baclofen, and topical agents. He reported that Baclofen was still too strong for him but helped him sleep at night when taken with Norco. Inspection of the cervical spine noted tenderness and spasm. The treatment plan included the continued use of Baclofen and restart Valium (one time dose). His work status was not documented. The use of muscle relaxants was noted since at least 11-19-2014, at which time Baclofen was noted, and the use of Tizanidine was noted prior to this.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg quantity: 2: Upheld

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

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

Decision rationale: Based on the 7/2/15 progress report provided by the treating physician, this patient presents with burning, aching bilateral posterior neck pain, with stiffness/spasm, radiating to the left/right trapezius and paresthesias to bilateral palms. The treater has asked for Diazepam 5 mg quantity 2 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical medial branch nerve block from 6/2/15 with 60-70% relief, but continued headaches. The patient is s/p lumbar epidural steroid injection in 2014, which resolved pain completely and then returned per 5/13/15 report. The patient's neck pain radiates down spine and causes pain across entire back per 5/7/15 report. The patient is currently taking Norco, Tizanidine, and Naprosyn per 7/9/15 report. The patient's work status is not included in the provided documentation. MTUS, Benzodiazepines section, page 24: 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The treater does not discuss this request in the reports provided, and Diazepam is not mentioned in any of included reports. The patient "restarted Valium" on 7/2/15 report but there was no documentation of its benefit. The patient is currently using an opioid, muscle relaxant, and NSAID as of 7/9/15 report. In this case, the patient has had prior use of benzodiazepines with unspecified benefit. However, MTUS does not support long-term use of Diazepam due to "risk of dependence." Therefore, the request is not medically necessary.