MAXIMUS Federal Services

Case Number:	CM15-0167663		
Date Assigned:	09/11/2015	Date of Injury:	02/25/2013
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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 46 year old female, who sustained an industrial-work injury on 2-25-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spinal stenosis, radiculopathy of the bilateral upper extremities, left shoulder rotator cuff tears, bilateral carpel tunnel syndrome and left ulnar neuropathy at the elbow. Medical records dated (3-25-15 to 6-29-15) indicate that the injured worker complains of neck pain that radiates to the left shoulder and inability to use the left upper extremity. It has worsened with cold extremity and dysthesia symptoms. The pain has been unchanged and rated 9 out of 10 on pain scale. She also reports difficulty with sleeping due to pain. The physician notes that she needs her medications to function and they decrease the pain score about 50 percent. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 2-25-15 the employee has not returned to work since 6-25-13 and is temporarily totally disabled. The physical exam dated from (3-25-15 to 6-29-15) reveals cervical spine has significant motion limitations, there is positive side bending findings suggestive of nerve root impingement on the left, there is positive Spurling's indicating bilateral upper extremity nerve root irritation, the left shoulder shows signs of impingement, there is also reproducible findings with shooting pain along the dermatomes in the cervical spine. The extremity has sensory abnormalities which appear neuropathic damage. It is noted by the physician that she needs her cervical spine fixed surgically. Treatment to date has included pain medication, Diazepam since at least 2-25-15, diagnostics, epidural steroid injection (ESI), and other modalities. The original Utilization review dated 8-4-15 denied a request for Diazepam 5mg, #100 as it is not

recommended by the guidelines for long term use, there is high risk for dependence and there is no documentation of an anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient was injured on 02/25/13 and presents with cervical spine pain that radiates to the left shoulder. The request is for Diazepam 5 mg, #100. There is no RFA provided and the patient's current work status is not provided. The report with the request is not provided, nor do any of the reports mention this medication. MTUS guidelines state on page 24 that 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. 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 patient has a restricted lumbar spine range of motion, a possible nerve root impingement on the left, a positive Spurling's indicating bilateral upper extremity nerve root irritation, and signs of impingement on the left shoulder. She is diagnosed with cervical spinal stenosis, radiculopathy of the bilateral upper extremities, left shoulder rotator cuff tears, bilateral carpel tunnel syndrome, and left ulnar neuropathy at the elbow. The treater does provide any discussion regarding Diazepam. MTUS guidelines do not recommend benzodiazepines use for long-term and limits use to 4 weeks. The requested 100 tablets of Diazepam do not indicate intended short-term use of this medication. Therefore, the requested Diazepam is not medically necessary.