

Case Number:	CM15-0183773		
Date Assigned:	09/24/2015	Date of Injury:	08/27/2011
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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 47-year-old female who sustained multiple industrial injuries on 8-27-2011. She has been treated for multiple diagnoses including bilateral shoulder sprain and strain, right shoulder internal derangement, rotator cuff tear, impingement syndrome; acromioclavicular joint degenerative joint disease; right wrist internal derangement, bilateral carpal tunnel syndrome, and sprain or strain; tendinosis of the long head of the biceps, lumbar sprain or strain; moderate supraspinatus tendinosis; and, insomnia. Documented treatment includes surgical and rehabilitative interventions along with pain treatment. Related to this request is treatment for the injured worker's inability to sleep which is noted as being through use of various sleep medications including Ambien, Silenor, Lunesta, and Trazadone, stated to have "failed." In the note of 8-18-2015, the treating physician states that Diazepam provides 3 additional hours of sleep per night, and that the injured worker has been "stable" on the medication for over one year with a consistent urine drug screen cited on 4-27-2014. The physician's note does not reference a pain agreement or other sleep hygiene measures. The treating physician's plan of care includes thirty Diazepam 20 mg. This was denied 9-15-2015. Current work status is noted as temporarily totally disabled, and no restrictions are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health & Stress Chapter, Insomnia treatment.

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

Decision rationale: The current request is for DIAZEPAM 20MG, #30. The RFA is dated 09/05/15. Treatment history include medications, injections, CTR surgery, brace and physical therapy. The patient is not working. MTUS, Benzodiazepines section, page 24 states: "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." Per report 08/18/15, the treating physician states that Diazepam provides 3 additional hours of sleep per night, and that the patient has been "stable" on the medication for over one year with consistent urine drug screens. Review of the records indicate that the patient has been utilizing Diazepam since at least 09/25/14. The patient has been prescribed this medication since 2014, and guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.