

Case Number:	CM15-0188430		
Date Assigned:	09/30/2015	Date of Injury:	08/22/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California
 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 35 year old male injured worker suffered an industrial injury on 8-22-2014. The diagnoses included lumbar discogenic myofascial pain, lumbar disc protrusion, cervical pain with brachial syndrome and right shoulder tendinopathy with intrasubstance labral tear. On 7-23-2015 the treating provider reported the injured worker was overall not stabilizing with the lumbar epidural steroid injection on the right side. The pain was rated 3 to 4 out of 10 and more numbness and pain to the right arm coming from the neck. On exam the range of motion to the cervical spine was restricted and some myospasms and tenderness. The bilateral upper extremities were tender with slight impingement on the right. The lumbar spine range of motion was restricted with tenderness. Current medication included Mobic, Elavil Norco and Valium. Valium had been used at least since 6-25-2015. The medical record did not include evidence of effectiveness of the Valium. The Utilization Review on 9-11-2015 determined non-certification for Diazepam 5mg #30 dispensed 07/29/15. Patient had received lumbar ESI for this injury. The patient had received an unspecified number of PT visits for this injury. A recent detailed psychiatric examination was not specified in the records provided. On review of systems the patient did not have any psychiatric complaints on 1/15/15. The patient has a history of disc protrusions in cervical and lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30 dispensed 07/29/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 09/30/15) Benzodiazepine.

Decision rationale: According to MTUS guidelines 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." Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. On review of systems the patient did not have any psychiatric complaints on 1/15/15. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Diazepam 5mg #30 dispensed 07/29/15 is not fully established for this patient given the medical records submitted and the guidelines referenced. The request is not medically necessary. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.