

<b>Case Number:</b>	CM15-0191874		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/07/1996
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 68 year old male, who sustained an industrial injury on 8-07-1996. The injured worker was diagnosed as having unspecified internal derangement of knee, unspecified disorders of bursae and tendons in shoulder region, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and unspecified use opioid type dependence. Treatment to date has included diagnostics and medications. Currently (9-08-2015), the injured worker complains of pain in his bilateral shoulders, right arm and elbow, and "more pain in the lower back and upper legs". Pain was rated 5 out of 10 with current medications (rated 7 out of 10 on 8-05-2015 and 4 out of 10 on 7-08-2015). He also reported weakness, difficulty ambulating, and "bad sleep". His pain was described as constant in frequency and moderate in intensity. Medication use included Hydrocodone and Diazepam (use since at least 12-10-2014). Exam noted a "significant amount" of self guarding and fear avoidance with movements, along with exquisite tenderness in the lower lumbar paraspinal region and tenderness to palpation of the left shoulder. Function with activities of daily living was not described. His work status was permanent and stationary. The treatment plan included Diazepam 5mg #30 (per 9-08-2015 order), non-certified by Utilization Review on 9-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 10/2014. As the treatment is not recommended for long term use, the request is not medically necessary.