

<b>Case Number:</b>	CM15-0026332		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 35 year old male, who sustained an industrial injury on 7/24/2014. The mechanism of injury is not clear. The injured worker was diagnosed as having neck pain. Treatment to date has included medications, physical therapy, and home exercises. The request is for Diazepam. On 1/29/2015, his pain is reported to be unchanged. He continues to have neck pain with radiation into the arms, and occasional paresthesias in the deltoid area. He has been utilizing Diazepam since at least October 2014. The treatment plan included: renew prescription for Diazepam, and Hydrocodone/Acetaminophen, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg qHS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Benzodiazepines Page(s): 66, 124.

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

**Decision rationale:** Diazepam 5mg qHS #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Diazepam longer than the recommended 4 week period. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations. The request for continued Diazepam is not medically necessary.