

<b>Case Number:</b>	CM15-0032555		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/20/1994
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 injured worker is a 61 year old female, who sustained an industrial injury on July 20, 1994. Her diagnoses include myofascial pain/myositis, carpal tunnel syndrome, sciatica, lumbosacral neuritis or radiculitis, ulnar neuropathy, and cervical radiculopathy. She has been treated with medications include oral and topical pain, benzodiazepines, anti-epilepsy, and proton pump inhibitors. On February 17, 2015, her treating physician reports neck and back pain. The pain was describes as sharp, shooting, tingling, aching, dull, nagging, throbbing, and severe. Her pain is constant and rated 7-9/10. Associated symptoms include spasms, nausea, numbness, tingling, and weakness. Current medications include one pain, two benzodiazepines, anti-epilepsy, and two proton pump inhibitors. The review of systems revealed nauseam vomiting, and diarrhea. The physical exam revealed trigger points in the bilateral upper trapezius, lower trapezius, semispinalis capitalis, and quadratus lumborum. There was significantly decreased cervical range of motion, and moderately decreased range of motion of the lumbar region. There was mild to moderately decreased strength of the bilateral upper extremities, moderately decreased strength of the lower extremities, and parasthesias to light touch in the right 1-4 digits, left 1-5 digits, and the lateral legs. The reflexes in the bilateral upper extremities were normal and decreased in the bilateral lower extremities. There were positive Spurling's, bilateral Hawkin's, bilateral Speed's, sacroiliac joint compression, and Slump tests. The treatment plan includes adjusting her benzodiazepine medication. On February 20, 2015 the injured worker submitted an application for IMR for review of a prescription for Diazepam 5mg #60 and a prescription for Omeprazole DR 20mg #30. The Diazepam was non-certified based on the lack of documentation of objective

functional benefit supporting the subjective improvement; the guidelines do not support the use of benzodiazepines for muscle spasms, the lack of rationale as to why the claimant is prescribed three benzodiazepines at the same time, and the lack of evidence of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug. The Omeprazole DR was non-certified based on the lack of evidence of gastrointestinal complaints and/or risk for gastrointestinal disturbance. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diazepam 5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** This patient has been treated for nearly 20 years for chronic pain involving the neck, low back, and upper and lower extremities. Diazepam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because their efficacy is not proven. Medication tolerance and dependency develop rapidly, often in as little as a few weeks. When used to treat anxiety, long-term use often causes an increase in anxiety. Rapid cessation of the drug, either iatrogenically or accidentally, can result in seizures. This is why the treatment guidelines recommend limiting benzodiazepine use to less than 4 weeks. Diazepam is not medically indicated for this patient.

**Omeprazole DR 20 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, lower back and both upper and lower extremities. Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Omeprazole is not medically indicated.

