

Case Number:	CM15-0034325		
Date Assigned:	03/02/2015	Date of Injury:	01/04/2001
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 45 year old male, who sustained an industrial injury on 1/4/2001. The diagnoses have included recurrent major depressive disorder, anxiety disorder and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included psychotherapy and medication. According to the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker continued to be depressed and anxious. He was still very frustrated over his chronic pain. Appetite and sleep were poor. The injured worker was noted to be particularly stressed over the past couple days and was switching between clonazepam and Lorazepam for relief. He noted that he was previously on diazepam for muscle spasms and reported that it was helpful. Treatment plan was to discontinue Lorazepam and clonazepam and to start diazepam 5mg twice a day as needed for anxiety (and to assist with muscle spasms). On 1/23/2015, Utilization Review (UR) non-certified a request for Diazepam 5mg twice daily as needed for anxiety #60 with three refills. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg 2 daily as needed for anxiety #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Procedure, Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter under Benzodiazepine.

Decision rationale: Based on the 01/02/15 progress report provided by treating physician, the patient presents with depression, anxiety and chronic pain. The request is for DIAZEPAM 5MG 2 DAILY AS NEEDED FOR ANXIETY #60 WITH 3 REFILLS. Patient is status post C4-6 fusion February 2002, per treater report dated 12/01/14. Patient's diagnosis per Request for Authorization form dated 01/13/15 included major depression, and anxiety disorder not otherwise specified. Diagnosis on 12/01/14 included intense neck pain, back pain, and pain in shoulders and knees. Patient's medications include Norco, Omeprazole, Zyrtec, Flonase, Soma and Ativan, per progress report dated 12/01/14. The patient is temporarily totally disabled. MTUS guidelines state on page 24 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. 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." ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction." Diazepam is a benzodiazepine. Neither MTUS nor ODG guidelines recommend it for long-term use. The treater has prescribed #60, a month supply, which is longer than 2-3 weeks recommended per MTUS. The treater does not indicate that this is to be used for a short-term. The request IS NOT medically necessary.