

Case Number:	CM15-0045225		
Date Assigned:	03/17/2015	Date of Injury:	06/20/2006
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, 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:

This 53 year old woman sustained an industrial injury on 6/20/2006. The mechanism of injury is not detailed. Current diagnoses include cervical sprain status post two level cervical fusion, cervical occipital headaches, left shoulder sprain with rotator cuff tendonitis and partial tearing, recurring right shoulder secondary tendonitis, right knee sprain with probable recurrent internal loose bodies right foot/ankle sprain with worsening after right ankle contusion. Treatment has included oral medications, facet epidural steroid injections, bilateral medial branch blocks, and neurosurgical consultation. Physician notes dated 1/7/2015 show complaints of continued moderate to severe migraine headaches, right shoulder and low back pain rated 3-7/10. A urine drug screening was performed during this visit with appropriate results. Recommendations include physical therapy, massage, acupuncture, possible arthroscopy of the right knee, and consultation and treatment with an interventional pain management physician. Requests include extension on psychology consultation for insight into chronic pain; follow up with pain management, right knee MRI, right ankle MRI, monthly medication management, six sessions of massage therapy with injections in the meantime, trial Exalgo with the intent of transition from Hydromorphone, and Diazepam for spasms and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg x 30: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant had been on Diazepam for several months for pain and spasms in combination with opioids and NSAIDs. Continued and long-term use is not recommended and not medically necessary.