

<b>Case Number:</b>	CM15-0051762		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/13/1996
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 64 year old female, who sustained an industrial injury on October 13, 1996. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spondylosis, cervical radiculopathy, thoracic spondylosis, lumbosacral spondylosis and postlaminectomy syndrome lumbar. Treatment to date has included surgery and medications. On March 16, 2015, the injured worker noted that her symptoms were gradually worsening. She complained of neck pain rated as a 4-8 on a 1-10 pain scale with medications. Associated symptoms included right shoulder pain, right chest wall pain with radiation down the right arm. The pain was described as shooting and stabbing. Her right arm symptoms included numbness and tingling in the fingers. She also complained of low back pain with radiation down the right hip and back of thigh. The plan was to continue with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tablets of Diazepam 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 23.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Diazepam is being prescribed for anxiety and muscle spasm, and per the MTUS Chronic Pain Medical Treatment Guidelines 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. The guidelines also state that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Given that the long term use of benzodiazepines is not supported by the MTUS guidelines, the ongoing use of this medication is not supported as the medical records indicate that benzodiazepines have been prescribed for an extended period of time. Benzodiazepines should not be discontinued abruptly and should be weaned. The medical records indicate that Utilization Review has modified the requested quantity to allow for weaning. The request for 120 Tablets of Diazepam 5mg is therefore not medically necessary.