

Case Number:	CM15-0058627		
Date Assigned:	04/03/2015	Date of Injury:	07/09/2002
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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 60-year-old male, who sustained an industrial injury on July 9, 2002. The injured worker was diagnosed as having chronic pain syndrome, shoulder region pain in joint, upper arm pain in joint, post laminectomy pain syndrome, neck pain, cervical radiculopathy, lower back pain, lumbar/thoracic radiculopathy, and spasm of muscles, anxiety, migraines, and insomnia. Treatment to date has included physical therapy, TENS, and medications. Currently, the injured worker complains of pain in the cervical region and both knees and wrists, with headaches. The Treating Physician's report dated February 6, 2015, noted the injured worker reporting the medications prescribed offered some relief, with the pain without medication 10/10, and with medication 7/10 on the visual analog pain scale (VAS). The injured worker's current medications were listed as Ambien, Duragesic patch, Fentanyl patch, Imitrex, Lyrica, MSIR, and Valium, with Norco not approved. Physical examination was noted to show continued difficulty with range of motion (ROM) of the cervical and lumbosacral spine due to pain, with cervical spinal tenderness, cervical paraspinal tenderness, and cervical facet tenderness at C5-T1. The injured worker was also noted to have lumbar spinal tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4-S1. The upper extremity examination was noted to show bilateral wrist brace with difficulty with range of motion (ROM) due to pain, and limited range of motion (ROM) in the left shoulder due to pain. The Physician noted the injured worker had failed multiple conservative therapies, stabilized on current medication regimen with adequate analgesia, improved activities of daily living (ADLs), no adverse effects, and no evidence of aberrant drug taking. Fentanyl patch and Norco were noted to be the main agents for pain

control, with Lyrica and MSIR discontinued due to side effects. The treatment plan was noted to include refills of the medications including Fentanyl patch, Norco, Diazepam, Colace, and Ambien, with activity as tolerated, and authorization for transportation for Physician appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury. Per the Chronic Pain 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Diazepam 10mg #60 is not medically necessary and appropriate.