

<b>Case Number:</b>	CM15-0059869		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old male, who sustained an industrial injury on 11/20/2009. The current diagnoses are carpal tunnel syndrome, right hand, lumbago, bilateral knee pain, tinnitus, right leg numbness, and anxiety/depression. According to the progress report dated 2/16/2015, the injured worker complains of right hand pain and numbness, pain in low back and bilateral knees, and constant ringing in the ears. The pain is rated 8/10 on a subjective pain scale. Per notes, he is depressed, anxious, and has difficulty sleeping. The current medications are Morphine Sulfate, Oxycodone, Diazepam, Neurontin, Amitriptyline, Cymbalta, and Voltaren gel. Treatment to date has included medication management, X-rays, MRI's, electrodiagnostic studies, bracing, surgical intervention, steroid injections, physical therapy, TENS unit, and ENT evaluation. The plan of care includes Diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24; 124.

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

**Decision rationale:** The claimant sustained a work injury in November 2009 and continues to be treated for low back and bilateral knee pain and right hand pain with numbness. The claimant also has tinnitus. Diazepam is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. There are other medications considered appropriate in the treatment of this condition. Additionally, diazepam is known to increase symptoms of tinnitus and may be contributing to the claimant's condition. Therefore, the continued prescribing of diazepam was not medically necessary.