

<b>Case Number:</b>	CM14-0111429		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old male with a 8/23/10 date of injury. At the time (7/3/14) of request for authorization for Diazepam 10mg #30 with 1 refill, there is documentation of subjective (shoulder pain) and objective (decreased lumbar spine range of motion) findings, current diagnoses (lumbago, sciatica, and brachial neuritis/radiculitis), and treatment to date (medications (including ongoing treatment with Diazepam and Norco since at least 12/31/13)). Medical report identifies that medications benefit the patient and that the patient is able to perform daily functions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30 with 1 refill:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in

the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago, sciatica, and brachial neuritis/radiculitis. In addition, there is documentation of ongoing treatment with Diazepam. Furthermore, given documentation that medications benefit the patient and that the patient is able to perform daily functions, there is documentation of functional benefit and an increase in activity tolerance as a result of Diazepam use to date. However, given documentation of ongoing treatment with Diazepam since at least 12/31/13, there is no documentation of the intention to treat over a short course (up to 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Diazepam 10mg #30 with 1 refill is not medically necessary.