

<b>Case Number:</b>	CM14-0115692		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/13/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 51-year-old female with a 2/13/03 date of injury. At the time (7/12/14) of request for authorization for Diazepam 10 mg. #30 with 2 Refills, there is documentation of subjective (significant improvement and patient is now able to wear the orthotics daily without discomfort) and objective (intact neurovascular status of the bilateral lower extremities, the previously symptomatic regions are non-tender) findings, current diagnoses (polyneuropathy, localized osteoarthritis ankle, ankle enthesopathy, and pain in limb), and treatment to date (orthotics). There is no documentation of an indication for the use of diazepam and an intention to treat over a short course (up to 4 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30 with 2 Refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**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. ODG identifies that their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In addition, ODG identifies that indications for use should be provided at the time of initial prescription. Within the medical information available for review, there is documentation of diagnoses of polyneuropathy, localized osteoarthritis ankle, ankle enthesopathy, and pain in limb. Given that the request is for Diazepam 10 mg. #30 with 2 refills, there is no documentation of an 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 10 mg. #30 with 2 refills is not medically necessary.