

Case Number:	CM14-0126395		
Date Assigned:	09/23/2014	Date of Injury:	04/01/2007
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This is a 64 year old male with a date of injury 4/1/07. The mechanism of injury was reported to be a continuous trauma injury from 2004 through April of 2007. The patient is also noted to have fibromyalgia, chronic fatigue syndrome, sleep apnea, and stress/psyche symptoms. He complains of widespread pain and limited function, despite the use of multiple medications of various pharmacological classes, including diazepam. A rheumatology consultation, dated 7/1/13, reports the patient's pain as 8-10/10. The report also notes that the patient is on multiple medications, including diazepam, 10 mg 2 tablets once daily. Exam findings revealed numerous tender points, consistent with a diagnosis of fibromyalgia. When reevaluated on 10/25/13, diazepam was again listed under Current Medications. Treatment to date: medications, injections an adverse determination was made on 7/18/14. Because the patient had been taking diazepam for longer than the recommended treatment duration, further use of this medication was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg 2 tabs qd #70/45 days: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. This patient presents with chronic, widespread pain, 6 years post-industrial injury. Pain has continued to be severe, despite the use of multiple medications, including Diazepam. The guidelines for benzodiazepine therapy limit use to 4 weeks; however, this patient has been on Diazepam for greater than a year with no significant improvement documented. Additional Diazepam treatment would seem to be outside the guidelines for usage of this particular medication. Therefore, the request for Diazepam, 5 mg 2 tabs qd #70/45 days was not medically necessary.