

Case Number:	CM14-0148359		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2002
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 60-year-old male who reported an injury on 09/30/2002. The mechanism of injury reportedly occurred while he lifted a bag of cement and felt a pulling sensation in his right shoulder. His diagnoses were anxiety, cervical disc degeneration, low back pain, and joint pain. His previous treatments included physical therapy, home exercise program, and medications. His diagnostics included an MRI of the right shoulder, MRI of the cervical spine, MRI of the lumbar spine, and nerve conduction testing. His surgery included a right shoulder arthroscopic decompression. On 05/21/2014, there was a lack of subjective data reported. The only objective data noted was that the injured worker had shoulder pain, back pain, and depression. His medications were noted as oxycodone, Zoloft, and BuSpar. The treatment plan was for diazepam 5 mg/mL 30 mL. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg/ml, 30ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 78, 13-16, 107, 72 24, 29.

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

Decision rationale: Based on the clinical information submitted for review, the request for diazepam 5 mg/mL 30 mL is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to up to 4 weeks and it is noted that a more appropriate treatment for anxiety disorder is an antidepressant. The clinical information submitted for review is years old and the most current physician note lacks details in regard to the injured worker's updated condition. The note dated 05/21/2014 indicates the injured worker was taking BuSpar for anxiety; therefore, it is unclear as to how long the injured worker has been taking diazepam. Also, it is noted that the injured worker is taking Zoloft for depression which the guidelines indicate is a more appropriate treatment for anxiety. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for diazepam 5 mg/mL 30 mL is not medically necessary.