

Case Number:	CM14-0160138		
Date Assigned:	10/03/2014	Date of Injury:	11/02/2012
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 & 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:

The injured worker is a 55-year-old male who reported an injury on 11/02/2012 due to lifting a patient. The injured worker had diagnoses of degenerative disc disease, partial tear of rotator cuff, bicipital tenosynovitis, Superior Labrum Anterior and Posterior (SLAP) tear of shoulder, and cervicgia. The past medical treatment included medications and physical therapy. Diagnostic testing includes a shoulder x-ray on 11/30/2012, left shoulder MRI on 01/29/2013, cervical spine MRI on 02/26/2013. The injured worker underwent cervical discectomy and fusion with instrumentation to C5-6 anterior cervical on 07/03/2013. The injured worker complained of left biceps pain and left shoulder pain on 09/29/2014. The injured worker stated he cannot look to the right without a stabbing pain. Physical examination revealed tenderness to neck area and muscle rigidity and trachea midline. The injured worker had tenderness and limited range of motion of left shoulder with limited abduction and internal and external rotation. Medications included a compound cream, naproxen 500 mg. The treatment plan is for diazepam 10 mg #60. The rationale for the request was not submitted. The request for authorization for was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: The request for Diazepam 10mg #60 is not medically necessary. The injured worker complained of left biceps pain and left shoulder pain on 09/29/2014. The California MTUS guidelines state Benzodiazepines (Diazepam) is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is lack of documentation of any kind of signs or symptoms for the need of a muscle relaxant, sedative/hypnotic, anxiolytic, anticonvulsant medication. There is lack of the rationale from the physician regarding the need of a benzodiazepine. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore the request for Diazepam 10mg #60 is not medically necessary.