

<b>Case Number:</b>	CM14-0082061		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/07/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The injured worker is a 64-year-old female who reported an injury on 11/07/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 04/03/2014 indicated diagnoses of neck pain, muscle spasms, and insomnia. The injured worker reported pain to the left side of the neck. The injured worker reported she had an interior fusion in 2004 and had received spasms lately. She also reported that she took Oxycodone sparingly and had a hard time sleeping. She tried physical therapy but reported the pain was worse. On physical examination, range of motion was restricted with flexion and hyperextension. Treatment plan included refill of Oxycodone, Diazepam and Ambien. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management and physical therapy. The injured worker's medication regimen included diazepam, oxycodone, and Ambien. The provider submitted a request for Diazepam. A Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain, Benzodiazepines. The Expert Reviewer's decision rationale: The request for Diazepam 5mg #30 is not medically necessary. The Official Disability Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). There is lack of documentation of efficacy and functional improvement with the use of the diazepam. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, it was not indicated if the injured worker had tried and failed a first line treatment. Additionally, the request did not indicate a frequency. Therefore, the request for Diazepam is not medically necessary.