

<b>Case Number:</b>	CM14-0179000		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Interventional Spine 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 patient is a 32-year-old male with injury date of 06/16/03. Based on the 08/26/14 progress report, the patient complains of constant low back and leg pain. Patient also complains of left leg weakness, and he relies on a cane for balance. Physical examination of back revealed tightness and tenderness to palpation of lumbosacral paraspinal muscles. Patient has been taking Valium (Diazepam) 10mg 3 times a day (TID) at least from progress report dated 05/01/14. Based on 10/02/14 psychiatric progress report, The Beck Depression Inventory was done, and the result was 41 which indicated severe depression. Per 10/02/14 report, the treating physician stated that the patient was restless, highly agitated, and "more irritable than usual." Treating physician requests Valium for the reason to "address anxiety associated with chronic pain, and "to maintain stability" for the patient as stated in 10/02/14 progress report. Treating physician requests Valium 10mg 2 times a day (BID) for weaning, as stated in Request for Authorization form dated 10/09/14. MRI of the L-S spine on 08/11/03: left disc protrusion and spondylolisthesis at L5-S1 with left foraminal narrowing per 08/26/14 progress report. Diagnosis 08/26/14: Lumbosacral Disk Injury; Lumbosacral Radiculopathy; Chronic Pain; Syndrome with Depression. Diagnosis 10/02/14: Chronic Pain Syndrome associated with both psychological factors and a general medical condition; Major Depression with history of psychotic features not in evidence at this point; Panic Disorder without agoraphobia. The request is for Diazepam 10mg BID #60 for the purpose of weaning to discontinued. The utilization review determination being challenged is dated 10/17/14. Treatment reports were provided from 05/01/14 to 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg BID #60 for the purpose of weaning to discontinued:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Patient presents with constant low back and leg pain with increased irritability. The request is for Diazepam 10mg BID #60 for the purpose of weaning to discontinued. Diagnosis dated 10/02/14 included chronic pain syndrome associated with both psychological factors and a general medical condition, major depression with history of psychotic features, and panic disorder without agoraphobia. Patient has been taking Valium 10mg TID at least from progress report dated 05/01/14. The request is Valium 10mg BID, which is lower than previously prescribed. The MTUS Guidelines page 24 states, "Benzodiazepines: 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." ODG guidelines also do not support long-term use and under "Current weaning protocol recommendations: Weaning of benzodiazepines in general is more dangerous than opioid withdrawal, and takes more time. A step-wise approach is indicated based on limited research. The initial recommendation is to use minimal interventions including advisory letters, education and single-visit doctor's consults addressing use of this class of drugs. The next step is gradual drug reduction. As noted, there is no currently universal weaning protocol available. One current recommendation is the following: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) An alternative weaning schedule is to decrease by 10% a week or 5 mg (whichever is smaller); (3) The first 50% of weaning is generally smoother than the last 50%; (4) When the final 25% to 35% of dose is reached it is suggested that the decrease in dose be lowered to 5% at a two-week interval; (5) Rate of withdrawal should be individually tapered based on signs and symptoms." Per 10/02/14 report, treating physician requests Valium to "address anxiety associated with chronic pain, and "to maintain stability" for the patient. The request is for a lower dose for the purpose of weaning, which is in line with ODG guidelines. The patient was on #90 and the current request is for #60. The request is medically necessary.