

<b>Case Number:</b>	CM14-0199405		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female who sustained an industrial injury on 12/01/2004. Current diagnoses include chronic bilateral wrist tendonitis, bilateral carpal tunnel syndrome, status post release, cervical spondylosis with chronic neck pain, chronic pain syndrome associated with anxiety, and sleep impairment. Previous treatments included medication management, wrist surgery, and acupuncture. Report dated 10/31/2015 noted that the injured worker presented with complaints that included constant pain in both hands. Pain level was 6 out of 10 (without medication) and 3 out of 10 (with medication) on the visual analog scale (VAS). The physician noted that she is able to perform food preparation, self-care needs, sleeps better, and fold clothes with medication. Physical examination was positive for abnormal findings. The treatment plan included request for acupuncture and discussion of medications. Disputed treatments include Norco and Diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine.

**Decision rationale:** The 56 year old patient presents with neck pain and constant pain in both arms from the elbows down, with occasional tingling in both hands. The request is for Diazepam 10mg Quantity 30. There is no RFA provided and the date of injury is 12/01/04. The diagnoses include chronic bilateral wrist tendonitis, bilateral carpal tunnel syndrome, status post release, cervical spondylosis with chronic neck pain, chronic pain syndrome associated with anxiety, and sleep impairment. Per 10/31/14 report, the pain is documented as 6/10 without medication and is decreased to a 3/10 with medication. Current medications include Norco and Diazepam. The patient's work status is unavailable for review. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), 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. The MTUS Guidelines page 24 states: benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Per 10/31/14 report, treater states, "The Diazepam helps her to take less opioids and continue daily activities without muscle spasm and anxiety. She is able to prepare her food, take care of her bathing needs, sleep better, and fold the clothes." Diazepam was prescribed to the patient at least since 08/15/14, per provided medical reports. While treater has properly provided a rationale for the request and the patient's ADL's, ODG guidelines recommend against the use of Diazepam for more than 4 weeks. The patient's utilization of this medication has exceeded guidelines. Therefore, the request is not medically necessary.