

<b>Case Number:</b>	CM15-0111046		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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:

This 51-year-old male sustained an industrial injury to the neck and shoulders via cumulative trauma from 7/8/07 to 7/8/08. Magnetic resonance imaging arthrogram right shoulder (2/18/14) showed a tear of the labrum with degenerative arthritis and impingement. Magnetic resonance imaging arthrogram left shoulder (2/14/14) showed a partial tear of the cuff tendon with mild impingement. Magnetic resonance imaging cervical spine (2/14/14) showed delayed fusion and degenerative changes with spondylosis. X-rays of the cervical spine (2/18/14) showed stable fusion. Recent treatment consisted of medication management. In a progress note dated 5/19/15, the injured worker complained of numbness to the left hand. The physician noted that the injured worker had deformed fingernails. The injured worker stated that sometimes it felt like his skin will rip off his hand for an instant when he reached forward. Current diagnoses included anxiety, attention deficit disorder without hyperactivity, chronic pain, heartburn, shoulder joint pain and mid back pain. The treatment plan included refilling medications (Dexilant, Diazepam, Fentanyl patch, Norco, Amphetamine-Dextroamphetamine and Nexium).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** The patient presents with back and bilateral shoulder pain. The request is for DIAZEPAM 10MG #90. The request for authorization is not provided. EMG of the upper extremity, 02/21/14, shows sensory deficit in median nerve indicating possible impending mild carpal tunnel syndrome in the right wrist. MRI of the right shoulder, 02/18/14, shows tear of the labrum, moderate degenerative arthritis in acromioclavicular joint with mild-to-moderate ongoing impingement of shoulder joint with partial tear of the cuff region. MRI of the left shoulder, 02/14/14, shows partial tear of the cuff tendon with mild impingement syndrome. He has numbness at the left hand. Patient's medications include Dexilant, Diazepam, Fentanyl patch, Norco, Amphetamine-Dextroamphetamine and Nexium. Per QME report dated 09/15/14, the patient is not working. MTUS guidelines state on page 24 that benzodiazepines are "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." Treater does not specifically discuss this medication. The patient is prescribed Diazepam since at least 03/20/15. However, MTUS guidelines does not recommend its use for long-term and limits use to 4 weeks. The request for additional Diazepam #90 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.