

Case Number:	CM15-0122023		
Date Assigned:	07/06/2015	Date of Injury:	04/30/2004
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 54 year old male patient who sustained an industrial injury on 4/30/04. He sustained the injury due to a fall from the dump truck. The diagnosis includes major depressive affective disorder, recurrent. Per the progress report dated 5/27/15, he has been getting Methotrexate for joint pain and skin condition. He had complaints of a lot of pain and feeling depressed most days, poor sleep due to pain, feeling of hopelessness about his physical condition. He walked with a cane. Energy and concentration were low. He had psychomotor agitation and were short tempered easily. The medications list includes diazepam and nuedexta (dextromethorphan and quinidine). He has had EMG/NCS dated 4/28/2015 which revealed left cubital syndrome. He has undergone cervical fusion in 2005 and another cervical surgery in 2006. He has had cognitive behavior therapy for this injury. The treatment plan is to continue Nuedexta, Diazepam 10 mg up to 2 times a day as needed for anxiety and restlessness, and to start Zoloft. The requested treatment is Diazepam 10mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10gm, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Benzodiazepines Page(s): 80, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Benzodiazepine.

Decision rationale: Q-- Diazepam 10gm, #60, Diazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. In addition per the cited guidelines recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson 2015) Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Response to other medications and measures for treatment of insomnia/anxiety is not specified in the records provided. The medical necessity of Diazepam 10gm, #60 is not fully established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If it is decided to discontinue this medication, it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore is not medically necessary.