

<b>Case Number:</b>	CM15-0172402		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 55 year old male, who sustained an industrial injury on 07-30-2012. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region- unspecified, cervicgia and depressive disorder. On medical records dated 04-20-2015 and 03-16-2015, the subjective findings noted moderate, dull pain in his left shoulder which radiates to the left arm. Objective findings were noted as having tenderness over the superior trapezius. Bilateral shoulder exam revealed a normal shoulder examination. Insomnia or sleep disturbance was not noted in objective findings on either above mentioned progress notes. The injured worker was noted to be working without restrictions. Treatment to date included Current medication included Gabapentin, Feldene and Valium. The injured worker has been taking Valium since at least 11-22-2013. The Utilization Review (UR) was dated 08-28-2015. The UR submitted for this medical review indicated that the request for Diazepam 5mg, 1/2 to 1 tab qhs, #30 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg, 1/2 to 1 tab qhs, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice guidelines, 2nd edition, Chapter 7 - Independent medical examinations and consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The claimant sustained a work injury in July 2012 and is being treated for radiating left shoulder pain. When seen, he had not followed up due to being depressed. He was working for the fire department full time without restrictions. Physical examination findings included upper trapezius tenderness. There was bilateral knee joint tenderness with positive left McMurray's testing. Strength and sensation were normal. There was a normal examination of the shoulders. Valium is being prescribed for insomnia. Benzodiazepines are not recommended 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 and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). In this case, Valium (diazepam) has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.