

<b>Case Number:</b>	CM15-0096285		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 44 year old female, who sustained an industrial injury on 10/17/2008. Diagnoses include obesity, reactive situational depression, degenerative disc disease lumbar spine, fibro myositis, degenerative disc disease lumbar spine and drug induced constipation. Treatment to date has included medications including Amitiza, Cymbalta, Diazepam, hydrocodone, Lyrica, Nuedexta, ThermaCare wrap and Vesicare. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported essentially isolating herself with severe anxiety, pain and depression. She has not been able to get her Lyrica. She reports her pain level as usually 9-10/10 but when she is able to take her Hydrocodone and Lyrica she gets about 50% of pain relief. Physical examination revealed moderate distress secondary to back pain. There was tenderness at the left lower abdominal quadrant. There was 5/5 strength in the bilateral lower extremities. The plan of care included medications and authorization was requested for Norco, Cymbalta, Amitiza and Diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam:** 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 9792.20 - 9792.26, page 24.

**Decision rationale:** The MTUS states 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. In addition, benzodiazepines are Not Recommended as first-line medications by ODG. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. Diazepam is not medically necessary.