

Case Number:	CM16-0240524		
Date Assigned:	12/19/2016	Date of Injury:	11/14/2016
Decision Date:	01/17/2017	UR Denial Date:	12/01/2016
Priority:	Standard	Application Received:	12/14/2016

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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

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 58 year old female with an industrial injury date of 11-14-2016. Medical record review indicates the injured worker is being treated for specified injuries of the head, arthralgia of bilateral temporomandibular joint, strain of neck and strain of lumbar paraspinal muscle. The injured worker presented on 11-28-2016 with complaints of headache and jaw pain, TMJ bilaterally. The symptoms are dull and moderately severe and exacerbated by jaw movement. The injured worker complained of nausea but denied vomiting. She also complained of pain in the trapezius bilaterally described as sharp and dull and lower back pain described as faint and dull. "She can return to work as of 12-05-2016." Current medication was Ibuprofen. "Valium and Zofran not able to fill per insurance." Prior treatment included medications. Physical exam noted the injured worker was alert and oriented to person place and time. Gait and posture was normal. There was tenderness to neck muscle with spasms of the neck muscles noted. The treatment plan included stop Tylenol (caused nausea) and chiropractic therapy. On 12-01-2016 the request for Diazepam tab 5 mg quantity 10 days' supply 5 fill # UTD Rx date 11-17-2016 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Benzodiazepines, Benzodiazepine dependence, maintenance.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state 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." The guidelines go on to state that, "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." This patient has been documented to have neck pain and stiffness on physical exam. The medical records indicate that she has acute pain with cervical symptoms, including spasms, stiffness and soreness unrelieved by medication. Use of benzodiazepines for acute musculoskeletal pain is not indicated. The medical records do not support that this patient has acute anxiety or agitation that would otherwise warrant prescription of the requested medication. Therefore, based on the submitted medical documentation, the request for diazepam prescription is not-medically necessary.