

Case Number:	CM13-0038959		
Date Assigned:	12/18/2013	Date of Injury:	07/31/2007
Decision Date:	01/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is 58 years old female with history of work related injury of 7/31/2007. According to medical records reviewed, that injury occurred after her arm was caught under the hood of her car with resultant injury to the left shoulder. She has been having recurrent shoulder pain. Medical record dated 2/12/2013 indicates that the claimant reports that the average pain without medications is a 9/10 with medications 4/10. She is currently on the following medications: PERCOCET 10-325 MG TABS (OXYCODONE-ACETAMINOPHEN) 1 po qday prn severe pain (only occasional use) NORCO 10-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) 1 PO 04-6 hrs. prn moderate pain CARISOPRODOL 350 MG TABS (CARISOPRODOL) 1 po qid prn spasm RESTORIL 15 MG CAPS (TEMAZEPAM) 1 PO QHS prn sleep VALIUM 5 MG TABS (DIAZEPAM) 1 po qid prn anxiety. At issue is whether the prescription of valium 5mg for anxiety was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam (Valium) 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to Chronic Pain Medical Treatment guideline (MTUS effective July 18, 2009), page 24 of 127, Valium (a class of benzodiazepine also known as diazepam) is 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. (Baillargeon, 2003) (Ashton 2005). Therefore the prescription of valium 5 mg p.o. for anxiety is not medically necessary based on the above guidelines.