

Case Number:	CM14-0120458		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1999
Decision Date:	09/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/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:

This patient is a 49 year-old with a date of injury of 07/08/14. A progress report associated with the request for services, dated 07/08/14, identified subjective complaints of low back and neck pain. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range of motion. Diagnoses included (paraphrased) lumbago; lumbosacral neuritis; brachial neuritis; chronic pain syndrome; possible opioid dependence. Treatment had included a cervical epidural injection and oral analgesics as well as valium. A Utilization Review determination was rendered on 07/15/14 recommended it was not medically necessary for "valium 5mg #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's: The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th ed; Official Disability Guidelines - Workers Compensation Drug Formulary.

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

Decision rationale: The drug diazepam (valium) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (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. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of diazepam (valium).