

<b>Case Number:</b>	CM14-0156823		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/07/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational Medicine, 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, upper back pain, lower back pain, and bilateral shoulder pain reportedly associated with an industrial injury of December 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for diazepam while approving/conditionally approving request for OxyContin and Norco. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the arms. The applicant stated that usage of OxyContin was keeping her pain levels tolerable. The applicant was using OxyContin twice daily, Norco twice daily, and diazepam three times daily. Multiple medications were renewed. The applicant was given work restrictions which the treating acknowledged the employer was likely unable to accommodate. It was not stated whether or not Valium was being employed for medical purposes or mental health purposes. In a May 29, 2014 progress note, the applicant was again placed off of work, on total temporary disability. The applicant was asked to continue Valium and begin OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5 mg 3 times a day:** 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), Pain Chapter

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, it was not stated for what purpose Valium was being employed here. The information on file, however, does suggest that the applicant was using Valium as early as May 29, 2014 and as late as September 3, 2014. This is not an MTUS-endorsed role for Diazepam, a benzodiazepine anxiolytic. Therefore, the request is not medically necessary.