MAXIMUS Federal Services

Case Number:	CM14-0050267		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2001
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 Child & Adolescent Psychiatry 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 injured worker is a 60 year old male who was injured at work on 9/13/2001. He sustained injuries leading to the development of chronic neck and low back and left leg pain. He also experienced symptoms of anxiety. The anxiety symptoms have been episodic, and were increased, as of the clinical review on 1/24/14. The injured worker also reported symptoms of irritability and fatigue. The treating physician has prescribed Paxil 20mg once daily to alleviate the anxiety. In 2012, the injured worker was taking Paxil 20mg daily, Buspar 10mg one tablet twice a day, and Diazepam 5mg one tablet three times a day. In 2013, the injured worker stopped taking Paxil and tried Effexor, but this did not help to alleviate his symptoms, so that he resumed the Paxil. In 2014, a request for Diazepam (valium) 5mg was made, with no specified number of tablets. A partial certification was given for Diazepam 5mg #30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Disorders and Stress, Generalized Anxiety Disorder.

Decision rationale: ODG guidelines recommend first line treatment of anxiety symptoms with a selective serotonin reuptake inhibitor (SSRI) medication. The injured worker is taking an SSRI, Paxil. He has requested an additional prescription of Diazepam (valium) to be used on an as-needed basis for breakthrough anxiety not controlled with the Paxil. The ODG warns about providing long term use of benzodiazepines in the treatment of anxiety, due to the addiction and dependency risk, so that no more than a one month supply of medication is recommended. Diazepam is a benzodiazepine medication. Due to the high risk of addiction, the request for an unspecified number of tablets of this medication would not be prudent, as it might lead to addiction. An alternative treatment strategy more consistent with ODG would be to increase the dose of the Paxil to 30mg or higher. The request is therefore not medically necessary.