

Case Number:	CM14-0082193		
Date Assigned:	09/18/2014	Date of Injury:	10/09/1990
Decision Date:	11/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 68-year-old female with an industrial injury on October 9, 1990. The industrial diagnoses include chronic neck pain, cervical brachial syndrome, shoulder impingement, and myalgia. The patient is also noted to have poor sleep. The worker also notes issues with depression and severe anxiety. The disputed issue is a request for 45 tablets of diazepam 5 mg. This was noncertified and changed to 20 tablets by a utilization review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5MG #45: Upheld

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

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

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the 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... 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." Within the documentation available for review, there is documentation that the patient has been on Valium greater than the recommended 4 weeks. This is not recommended according to the Chronic Pain Medical Treatment Guidelines. While Valium long term may be appropriate for anxiety, it should be used in the context of a mental health professional such as a psychiatrist to address concerns in this area. The patient's medications according to the 4/8/2014 progress note do not contain any psychotropic medication to decrease bouts of anxiety such as an SNRI or SSRI. Taking a benzodiazepine long term without this type of preventative medication is not appropriate. Although the patient documents intolerance to some psychotropic medications, other should be trialed as well. Given these factors, the requested Valium (diazepam) is not medically necessary. Benzodiazepines should not be abruptly discontinued.