

<b>Case Number:</b>	CM15-0107238		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 11, 2010. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for diazepam (Valium) apparently prescribed and/or dispensed on or around May 1, 2015. The claims administrator also referenced a RFA form dated May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing complaints of waxing and waning low back pain. Ancillary complaints of myofascial pain syndrome were noted. The applicant also reported issues with depression, anxiety, and despair. The note was somewhat difficult to follow and mingled historical issues with current issues. Medication selection and medication efficacy were not clearly discussed or detailed. The applicant's complete medication list was not attached. The attending provider stated that he did discuss medication management with the applicant, but did not document which medications he prescribed and/or renewed in his report. In a May 18, 2015 spine surgery consultation, it was stated that the applicant was not a good candidate for spine surgery. The applicant was not working, it was incidentally noted. In an office visit dated May 5, 2015, the applicant reported ongoing complaints of knee, shoulder, neck, and mid back pain. The applicant was using Tylenol No. 3 and a cane for pain relief. Once again, the applicant's complete medication list was not detailed. There was no mention of the applicant using Valium at this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Diazepam 10mg #30 (DOS 5/1/15): 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: Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for diazepam (Valium) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 30-day supply of diazepam (Valium) at issue implies chronic, long-term, and scheduled usage of the same, i. e. , usage in excess of the brief periods for which Valium is recommended per page 402 of the ACOEM Practice Guidelines. It is further noted that attending provider(s) multiple progress notes, referenced above, failed to outline the applicant's complete medications and, thus, failed to make a compelling case for protracted usage of the Valium (diazepam) in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.