

Case Number:	CM15-0135676		
Date Assigned:	07/23/2015	Date of Injury:	01/09/2004
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 9, 2004. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for diazepam (Valium). The claims administrator referenced a March 17, 2015 emergency department note in its determination. The claims administrator seemingly acknowledged that the applicant had presented to the emergency department on March 17, 2015 after a witnessed seizure. On June 24, 2015, the applicant reported ongoing complaints of abdominal pain. The applicant had been seen in the emergency department recently, it was reported. The applicant's medications at this point included oxycodone, Phenergan, Augmentin, Norco, Percocet, tizanidine, Effexor, albuterol, Desyrel, Seroquel, and Valium, it was reported. No seeming discussion of medication efficacy transpired. It was not clear when the applicant's medications were last updated. The applicant was asked to consult a general surgeon. In a March 17, 2015 emergency department note, the applicant apparently presented after having sustained a seizure at work. The applicant was apparently non-communicative for three to five minutes, co-workers reported. The applicant had apparently bit his tongue, it was reported. The applicant had apparently developed seizures after having undergone multiple surgeries at an unspecified point in time, it was acknowledged. The applicant had been off of his anticonvulsant medications for the preceding two weeks, it was reported. In the medication history section of the note, it was

stated that the applicant was using Valium for anxiety purposes. The applicant was ultimately discharged in reportedly stable condition on Eptol (carbamazepine) and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #120: 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) 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: No, the request for diazepam (Valium), an anxiolytic medication, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods", in cases of overwhelming symptoms, here, however, it appeared that the applicant was using Valium for chronic or long-term use purposes for anxiolytic effect. An emergency department note dated March 17, 2015 suggested that the applicant was using Valium up to three times a day "for anxiety". A subsequent note dated June 20, 2015 also suggested that the applicant was still using Valium as of that point in time. Continued usage of Valium, thus, ran counter to ACOEM principles and parameters to limit anxiolytic usage to "brief periods". While page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that benzodiazepines such as Valium can be employed for anticonvulsant effect, here, however, it did not appear that Valium (diazepam) was being employed for anticonvulsant effect. The March 17, 2015 emergency department note suggested that the applicant had been given Tegretol for anticonvulsant effect. It did not appear, thus, that Valium (diazepam) was intended to ameliorate the applicant's issues with epilepsy. Therefore, the request is not medically necessary.