

Case Number:	CM15-0136427		
Date Assigned:	07/24/2015	Date of Injury:	01/17/2014
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced a May 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, and low back pain, 6/10. The applicant was on Norco, Desyrel, benazepril, Ambien, and Valium, it was reported. The applicant was not working, it was acknowledged. The applicant was on Norco, trazodone, benazepril, Ambien, and Valium, it was reported. The applicant was placed off of work, on total temporary disability. The applicant's psychological review of systems was reportedly negative. It was not stated whether Valium was being employed for sedative effect, anxiolytic effect, or for some other role. On May 26, 2015, the applicant was given a refill of Norco. The applicant was placed off of work, on total temporary disability. Valium was seemingly refilled for antispasmodic effect. Once again, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg quantity 30.00: 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 Benzodiazepines Page(s): 24.

Decision rationale: No, the request for diazepam (Valium) was not medically necessary, medically appropriate, or indicated here. 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, with most guidelines limiting usage of benzodiazepines to four weeks. Here, thus, the renewal request for diazepam (Valium) represented treatment in excess of MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of Valium (diazepam) for antispasmodic effect in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.