

Case Number:	CM15-0166320		
Date Assigned:	09/04/2015	Date of Injury:	01/07/2004
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 57 year old female who sustained an industrial injury on 1-7-04. Progress report dated 7-23-15 reports chronic low back pain with neuropathic symptoms in the right lower extremity. Current medications decrease the pain by 30-40% and help improve mobility, activities of daily living and sleep. The ankle foot orthosis is helping and she no longer has problems with tripping. Diagnoses include: disorder of trunk, disorder of back and lumbar post-laminectomy syndrome. Plan of care includes: recommend aquatic therapy, medications refilled; oxycodone-acetaminophen, Valium 10 mg 1 every day, celbrex and cyclobenzaprine, request random urine drug screen, request follow up office visit as scheduled. Work status: unchanged. Follow up in 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines and Other Medical

Treatment Guidelines

www.practicalpainmanagement.com/treatments/pharmacological/understanding-toxicology-diazepam.

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 no documentation identifying any objective functional improvement as a result of the use of the valium specifically and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. Additionally, there are two urine drug screens that do not show diazepam and all of its metabolites while it was being prescribed and one that shows temazepam at a higher level than oxazepam instead, this does not appear to be addressed in the latest documentations. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.