

<b>Case Number:</b>	CM15-0193805		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 7, 2014. In a utilization review report dated September 23, 2015, the claims administrator failed to approve a request for diazepam (Valium). The claims administrator did, however, approve Norco, medial branch blocks, and a follow-up office visit. The claims administrator referenced an August 28, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 28, 2015 office visit, the applicant reported ongoing issues with chronic neck pain radiating to the bilateral shoulders superimposed on ongoing issues with chronic low back pain. The applicant was on Norco, benazepril, Ambien, and Valium, it was reported. The applicant was not working, it was acknowledged in the social history section of the note. Multiple medications were renewed and/or continued. It was suggested the applicant was using Valium for antispasmodic effect. The applicant was placed off of work, on total temporary disability, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #60:** 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), Benzodiazepines.

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

**Decision rationale:** No, the request for diazepam (Valium), a benzodiazepine agent, 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 diazepam (Valium) are not recommended for long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect, the latter of which appeared to be the role for which Valium was endorsed here. The attending provider failed to furnish a clear or compelling rationale for continued usage of Valium in the face of the unfavorable MTUS position on long-term usage of the same. Therefore, the request was not medically necessary.