

Case Number:	CM15-0198913		
Date Assigned:	10/14/2015	Date of Injury:	09/13/1999
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 9-13-1999. The injured worker is being treated for neuroforaminal stenosis C5-6 and C6-7. Treatment to date has included bilateral L5 and S1 transforaminal epidural steroid injections (1-21-2014, 8-14-2014), left C7-T1 interlaminar epidural steroid injection (10-02-2014) and medications. Per the Primary Treating Physician's Progress Report dated 8-14-2015, the injured worker presented for recheck of his neck pain. He reported severe worsening of neck pain with radiation down the left arm with associated numbness and tingling. Objective findings included positive Spurling sign with pain to the left arm and thumb. There was diminished sensation in the left index middle finger into the lateral forearm. The IW has been prescribed Valium since at least 8-08-2014. Per the medical records dated 8-08-2014 to 8-14-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain levels attributed to the use of Valium (diazepam), which was noted to be used as needed for spasm. The notes from the provider do not document efficacy of the prescribed medication. Work status was not documented at this visit. The plan of care included medications. Authorization was requested for Diazepam 10mg. On 9-21-2015, Utilization Review modified the request for Diazepam 10mg for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg, unknown quantity: 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 rationale: Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic 1999 injury. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Diazepam 10 mg, unknown quantity is not medically necessary or appropriate.