MAXIMUS Federal Services

Case Number:	CM15-0022304		
Date Assigned:	02/11/2015	Date of Injury:	12/14/2007
Decision Date:	03/26/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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:

This 57 year old male custodian sustained a work related injury on 12/14/2007. According to a progress report dated 01/29/2015, the injured worker had chronic low back pain, muscle spasms, stiffness and tightness. He had trouble sleeping at night. Medications helped him to ambulate, sleep better and reduced pain level by 30-40 percent. Diagnoses included lumbar condition with a radicular component down the right lower extremity with a foot drop status post microdiscectomy. Comorbid conditons include diabetes. He is overweight (BMI 29.5). Medication regimen included Norco, Soma and Valium.On 02/03/2015, Utilization Review modified Valium 10mg #30. CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Ch 2 pg 25; Chp 15 pg 388, 402,Chronic Pain Treatment Guidelines Benzodiazepines; Muscle Relaxants; Weaning Medications Page(s): 24; 63-6; 124.

Decision rationale: Valium (diazepam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has been using this medication as a muscle relaxant and sleep medication for over 6 months. Muscle relaxant therapy is not indicated for long-term daily use. Regular, long-term daily use of this medication for sleep (sedative-hypnotic effect) is also not indicated. Additionally, use of this medication for sleep without a full evaluation for the other causes of insomnia is not in the patient's best interest. Medical necessity for use of this medication has not been established. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe weaning.