

Case Number:	CM15-0214361		
Date Assigned:	11/04/2015	Date of Injury:	04/30/2004
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 4-30-2004. The medical records indicate that the injured worker is undergoing treatment for major depressive disorder. According to the progress report dated 10-7-2015, the injured worker presented for a regular psychiatric follow-up. He complains of stress-induced dermatitis, mild depression with no crying spells, poor energy, and poor concentration. No objective findings were documented. The current medications are Zoloft, Nuedexta, Valium (since at least 5-27-2015), and Viagra. Treatments to date include medication management. Work status is not indicated. The original utilization review (10-14-2015) partially approved a request for Diazepam 10mg #27 (original request was for #55).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #55: 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) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam 10 mg #55 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is major depressive disorder. Date of injury is April 30, 2004. Request for authorization is October 9, 2015. There are two psychiatry progress notes in the medical record. According to the progress note dated October 12, 2015, the injured worker presents for follow-up with sexual side effects from medications. Medications include Zoloft, Neudexta and Valium 10 mg b.i.d. as needed. According to an October 7, 2015 progress note, the injured worker presents for follow-up. Subjectively, the injured worker indicates mild depression with some hopelessness. There is no documentation demonstrating objective functional improvement with Valium (diazepam). Valium is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. There are no compelling clinical facts to support the ongoing use of Valium. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for long-term use and no compelling clinical facts to support the ongoing use of Valium, Diazepam 10 mg #55 is not medically necessary.