MAXIMUS Federal Services

Case Number:	CM15-0031219		
Date Assigned:	02/24/2015	Date of Injury:	10/26/1999
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/19/2015

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 52-year-old [redacted] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 26, 1999. In a Utilization Review Report dated January 16, 2015, the claims administrator failed to approve a request for diazepam (Valium). The claims administrator referenced a December 16, 2014 progress note in its determination. The applicant's attorney subsequent appealed. In a handwritten note of February 12, 2015, the applicant reported ongoing complaints of chronic neck and low back pain with associated sleep disturbance. The applicant was asked to employ morphine, Nexium, Lunesta, Xanax, Valium, and Motrin. The applicants work status was not clearly stated, although it did not appear that the applicant was working. In an earlier note of January 15, 2015, the applicant was placed off of work, on total temporary disability. Norco, MS Contin, diazepam, Xanax, and Lunesta were endorsed while the applicant was kept off of work. It was suggested that diazepam was being employed for sedative and/or anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: 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 Page(s): 402.

Decision rationale: No, the request for diazepam (Valium), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium (diazepam) may be appropriate for "brief periods," in case of overwhelming symptoms, in this case, however, the attending provider and/or applicant is seemingly intent on employing diazepam (Valium) for chronic, long-term, and/or daily use purposes. Such use, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. It is further noted that the attending provider has failed to establish a compelling case for concurrent usage of three different sedative and/or anxiolytic medications, namely diazepam, Xanax, and Lunesta. Therefore, the request was not medically necessary.