

Case Number:	CM15-0232365		
Date Assigned:	12/08/2015	Date of Injury:	02/06/2013
Decision Date:	01/11/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/25/2015

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: Family Practice

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 57 year old male, who sustained an industrial injury on 02-06-2013. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for right ankle pain, degenerative disc disease, cervical spine disc herniation, and left knee osteoarthritis. Treatment and diagnostics to date has included physical therapy, bracing, and medications. Recently prescribed medications have included Norco and Valium. Subjective data (08-27-2015 and 10-15-2015), included pain in bilateral knees, right shoulder, cervical spine, lumbar spine, bilateral elbows, and right ankle pain. Objective findings on 08-27-2015 included mid joint line tenderness to bilateral knees with limited range of motion and an antalgic gait and on 10-15-2015 reports of "progressive pain, stiffness, and mild swelling to multiple body parts". The request for authorization dated 10-22-2015 requested evaluation and treatment of right ankle, Norco, Valium 10mg #30, urine toxicology screen, and Supartz injections. The Utilization Review with a decision date of 10-29-2015, denied the request for Valium 10mg #30.

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 Medical Treatment 2009.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, including Valium, as a treatment modality. These guidelines state the 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that Valium is being used as a long-term treatment for this patient's symptoms. As noted in the above cited guidelines, long-term use is not recommended. There is no evidence in the medical records that the use of Valium has been associated with objective evidence of functional improvement or less reliance on other medications. For these reasons, Valium is not medically necessary.