

<b>Case Number:</b>	CM14-0219284		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 48 year old female, who sustained an industrial injury on 03/06/2002. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included myofascial pain syndrome, lumbosacral spondylosis, chronic pain syndrome, disorders of bursae and tendons in shoulder region, and cervical spondylosis. Treatment to date has included physical therapy and medications. Currently, the IW complains of cramp in her right arm and triceps area every time she turns it. She sleeps on her left side due to pain. Pain levels reach 7 out of 10 on a 0-10 pain scale when she lays on it. Objective physical examination revealed left shoulder elevation 150 degrees, mild pain with range of motion. The left anterior deltoid, AC joint, biceps tendon, bilateral trapezius, infraspinatus and pectorals are tender to palpation. She has mild pain with supraspinatus stress. C-spine range of motion is normal without impingement sign. Deep pressure of trigger points caused classical twitch response and radiating pain and tingling to the right upper extremity. She has sharp pain at the AC joint. On 12/03/2014, Utilization Review non-certified a request for Diazepam 10mg #60 noting the noting the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Diazepam 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Diazepam 10mg #60 (DOS: 11/26/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Opioids Page(s): 24, 78-80, 91 & 93, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anxiety medication in chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Valium 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 2002 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. Valium 5mg twice a day #55 is not medically necessary and appropriate.