

Case Number:	CM15-0112784		
Date Assigned:	06/19/2015	Date of Injury:	01/22/2003
Decision Date:	07/17/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, 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 52 year old male who reported an industrial injury on 1/22/2003. His diagnoses, and/or impressions, are noted to include: cervical pain/cervicalgia; chronic migraines; low back pain/lumbago; myofascial pain syndrome/fibromyalgia; pain in the shoulder joint; and long-term use of medications. No current imaging studies are notes. His treatments have included medication management with toxicology screenings; and rest from work as he is permanent disabled. The progress notes of 5/7/2015 noted a medication clinic visit; that he was stable on his current medications; presented with neck and arm pain that were severe without medications; insomnia, fatigue, depression and anxiety. Objective findings were noted to include no acute distress, and the use of a wheel chair. The physician's requests for treatments were noted to include the continuation of Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was on Valium for anxiety. Medications such as SSRI anti-depressants are intended for long-term use for anxiety. The claimant had been on Valium for over 2 years and continued use is not medically necessary.