

Case Number:	CM15-0122998		
Date Assigned:	07/07/2015	Date of Injury:	08/21/2012
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old female who reported an industrial injury on 8/21/2012. Her diagnoses, and or impression, were noted to include: adjustment disorder with depressed and anxious moods; major depressive disorder - moderate; and status-post injury to neck, shoulder and bilateral extremities. No current imaging studies were noted. Her treatments were noted to include cognitive behavioral therapy; and medication management. The progress notes of 12/17/2014 reported continued moderate-severe pain in her neck, shoulders and hips, with medications; of a fair mood and crediting skills learned to help with coping; no change in sleep that remains significantly reduced; an improved appetite; and the continuation of engaging in physical activities. Objective findings were noted to include the practicing of taught coping skills during the cognitive behavioral therapy session; noted progress; her commitment to the treatment interventions; and the need to address her level of sadness, hopelessness, and fatigue and to increase her sleep volume in order to optimize her chances of returning to work. 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 5 mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment 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. 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. Within the documentation available for review, there is documentation of Valium use since at least December 2014. Although the patient is anxious and has adjustment disorder, the CA MTUS has a recommendation against long-term use of Valium. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.