

Case Number:	CM15-0066872		
Date Assigned:	04/14/2015	Date of Injury:	06/29/2000
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 51-year-old male who sustained an industrial injury on January 17, 2008. He has reported back pain, right hip and leg pain, and right shoulder pain and has been diagnosed with right sided back and hip pain, lumbar degenerative joint disease with sprain/strain injury, cervical sprain/strain with spondylosis, right hip pain, subacromial decompression, right shoulder, and right knee arthroscopy with severe degenerative joint disease and patellofemoral syndrome. Treatment has included medications and a home exercise program. Currently the injured worker had limited range of motion in the neck and back. There was crepitus on passive range from flexion to extension of the right knee. The treatment request included valium.

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 Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24 of 127.

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 no documentation identifying any objective functional improvement because of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but fortunately, a prior utilization review on 11/10/14 allowed for a tapering dose to be given for the Valium. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.