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| <b>Case Number:</b>   | CM15-0068136 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 04/03/2009 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2015 |

### 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 52 year old male sustained an industrial injury to the neck on 4/3/09. Previous treatment included magnetic resonance imaging, cervical fusion and medications. The injured worker had been to the Emergency Department on 3/26/15 due to pain. The injured worker received intravenous pain medication with little relief. In a progress note dated 3/27/15, the injured worker presented for an unscheduled visit due to severe increase in thoracic and neck pain. The injured worker complained of pain 10/10 on the visual analog scale to the back, chest and arm. Physical exam was remarkable for cervical spine with tenderness to palpation, spasms and restricted range of motion associated with vertigo and nausea upon range of motion, lumbar spine with spasms and muscle tension and decreased upper extremity strength. The injured worker received trigger point injections during the office visit. Current diagnoses included cervical spine spondylosis without myelopathy, dysphagia, dysphonia, cervicgia, lumbago, tinnitus and gastritis. The treatment plan included a prescription for valium and an epidural steroid injection. A progress report dated March 9, 2015 recommends a CT scan and MRI scan. The note also recommends "a couple of 10 mg Valium tablets to manage the claustrophobia."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg quantity 14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**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, it appears the volume is being prescribed to address claustrophobia while the patient has imaging performed. The requesting physician has recommended a couple of 10 mg Valium. 14 tablets of 5 mg Valium is inconsistent with the stated purpose for the medication. Additionally, it is unclear if the requested imaging studies have been recommended for certification. In the absence of clarity regarding those issues, the currently requested Valium (diazepam) is not medically necessary.