MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/2/2013

Employee:	
Claim Number:	
Date of UR Decision:	6/28/2013
Date of Injury:	4/24/2002
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001684

1) MAXIMUS Federal Services, Inc. has determined the request for **Valium 10mg #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 6/28/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for **Valium 10mg #60 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
The patient is a 38-year-old with a date of injury of 4/24/2002. Under consideration is a prospective request for one prescription of Valium 10mg #60 and one prescription of Neurontin 6mg #90. Review of the submitted records shows that the patient has been receiving treatment for continued low back pain, neck pain, and left wrist pain. Subjectively, the patient complained of constant slight, intermittent moderate to occasionally severe lumbar spine pain across the back with radiation to the right lower extremity down to the foot. The patient also has occasional radiation of pain with numbness and tingling in left lower extremity. The patient complained of cervical spine pain at the base of the neck radiating to the trapezius area bilaterally. The patient had increased headaches and constant slight, intermittent moderate to occasionally severe pain in the left wrist, hand, and fingers. The patient described weakness, numbness, tingling, and limited range of motion of the left wrist as well. Objectively, left shoulder abduction was limited to 100 degrees, there was pain over the common extensor and flexor tendons of left elbow, Tinel's sign was positive over the medial left elbow, and supination lacked 40 degrees of motion.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for Valium 10mg #60 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 24, Benzodiazepines, which is part of the MTUS.

Rationale for the Decision:
The clinical notes do not support the necessity for the employee to utilize this medication for chronic use. The previous adverse determination recommended weaning of this medication. Guidelines indicate Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. After review of the clinical notes submitted, the employee has been utilizing Valium 10 mg in addition to Ambien, Dilaudid, Fiorinal, as well as medical marijuana, and Neurontin since at least 08/2012. The clinical notes documented the employee was to utilize Ambien and Valium for sleep pattern complaints. However, as guidelines do not support chronic utilization of Benzodiazepines and it is unclear when the employee last was assessed with a urine drug screen to evaluate compliance with the medication regimen, the current request is not supported. The clinical notes do not evidence what other treatment modalities the employee has attempted to utilize for the pain complaints or sleep pattern complaints prior to chronic use of Valium or if the employee has failed with other non-Benzodiazepine hypnotics or muscle relaxants for the symptomatology. **The request for Valium 10mg #60 is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.