

<b>Case Number:</b>	CM13-0037989		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/07/2004
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old female who reported an injury on 10/07/2004. The mechanism of injury was stated to be the patient fell and hit her head. The patient's diagnoses were noted to include status post right knee arthroplasty and unspecified major depression recurrent episode. The patient was in the office for a refill of Valium (brand name only).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium (brand name only) 10mg #30 between 9/17/13 and 12/3/13: Upheld**

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

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

**Decision rationale:** California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and the necessity for brand name only. There was a lack of documentation indicating the necessity for ongoing treatment with a

benzodiazepine as it is recommended for short-term use only per California MTUS. Given the above and the lack of documentation, the request for Valium (brand name only) 10mg #30 between 9/17/13 and 12/3/2013 is not medically necessary.