

<b>Case Number:</b>	CM13-0051596		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic wrist pain, and insomnia reportedly associated with an industrial injury of May 29, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and chiropractic manipulative therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 30, 2013, the claims administrator partially certified a request for Valium, apparently for weaning purposes. The patient's attorney subsequently appealed. The patient, it was incidentally noted, was, in fact, alleging multifocal pain complaints secondary to cumulative trauma as well as a specific, discrete injury. In a medical-legal evaluation of November 5, 2013, the patient acknowledged that he had not worked since October 2012 and it was not certain whether, if, or when he would return to work. On November 12, 2013, it was acknowledged that the patient did suffer from issues with depression and anxiety, in addition to multifocal pain complaints. The patient was placed off of work, on total temporary disability. In a progress note of December 2, 2013, the patient was given 120 tablets of Norco, 60 tablets of Valium, and 60 tablets of Naprosyn. The patient was apparently being given Valium for issues with insomnia, depression, and anxiety

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Valium may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant the opportunity to achieve a brief alleviation of symptoms so as to recoup emotional and physical resources, in this case, however, the attending provider is seemingly proposing ongoing, long-term, chronic, and scheduled usage of Valium for twice daily use purposes, for anxiety, depression, and insomnia. This is not an appropriate usage of Valium, per ACOEM. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization or to the application for Independent Medical Review so as to offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.