

Case Number:	CM14-0010568		
Date Assigned:	03/14/2014	Date of Injury:	04/17/2006
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/27/2014

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 applicant has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of April 17, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; unspecified amounts of physical therapy; a walker; and lumbar fusion surgery on June 9, 2010. In a utilization review report dated December 18, 2013, the claims administrator denied a request for Valium while reportedly approving a request for Percocet. The applicant's attorney subsequently appealed. A July 1, 2013 progress note is notable for comments that the applicant has persistent low back pain complaints status post earlier fusion surgery. The applicant also had superimposed mental health issue. The applicant is reportedly on Tenormin, Cetaphil, and hydrochlorothiazide as of that point in time. The applicant was placed off of work, on total temporary disability. In an earlier note of November 16, 2013, the applicant was described as reporting persistent complaints of low back pain, foot and toe pain, and attendant insomnia. Percocet, Restoril, and total temporary disability were endorsed. It was stated that the applicant was a candidate for hardware removal surgery. A pharmacy prescription record was notable for comments that the applicant was given a prescription for alprazolam or Xanax on July 30, 2013. Valium 10 mg #60 was apparently endorsed on October 29, 2013, along with lumbar hardware removal procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG 1TABLET ORALLY EVERY HOUR OF SLEEP #60: 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: No, the request for Valium 10 mg #60 is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Valium are not recommended for chronic or long-term use purposes. While anxiolytic medications such as Valium may be appropriate for brief period in cases of overwhelming symptoms to allowing the applicant recoup emotional resource, in this case, however, there is no mention or description of overwhelming symptoms of anxiety and/or panic attacks for which a short course of Valium has been indicated. It is further noted that the attending provider has not furnished any compelling rationale or justification for usage of three separate benzodiazepine anxiolytics, namely Restoril, Xanax, and Valium. Therefore, the request is not medically necessary, for all the stated reasons.