MAXIMUS Federal Services

Case Number:	CM14-0180573		
Date Assigned:	11/05/2014	Date of Injury:	02/05/2004
Decision Date:	12/12/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 is a represented [redacted] employee, who has filed a claim for chronic low back pain and major depressive disorder (MDD) reportedly associated with an industrial injury of February 5, 2004.Thus far, the applicant has been treated with the following: Psychotropic medications; anxiolytic medications; psychological counseling; analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and extensive periods of time off of work.In a Utilization Review Report dated October 22, 2014, the claims administrator retrospectively approved a request for Abilify, approved a request for Pristiq, approved a request for Wellbutrin, partially approved a request for Valium for weaning purposes, and partially approved a request for temazepam, also for weaning purposes.The applicant's attorney subsequently appealed.In a November 7, 2005, medical-legal evaluation, it was acknowledged that the applicant was not working and has apparently not worked for over a year.In a September 23, 2014, progress note, the applicant followed up with a psychiatrist reporting ongoing complaints of anxiety, depression, chronic pain, and difficulty sleeping. The applicant had relocated to Idaho. It was stated that the applicant was now living with his parents. It was stated that the encounter took place over the telephone. The attending provider stated that the applicant's medications were helpful, but then stated that applicant was "totally disabled" from seeking gainful employment. The applicant was apparently using Pristiq daily, Abilify daily, Wellbutrin in the morning, Valium twice daily, and Restoril nightly.On October 8, 2014, the applicant stated that he was having ongoing complains of anxiety and depression. The applicant had a fair energy level and fair concentration. The applicant was given refills of Pristiq once daily for depression, Abilify once daily for mood stabilization, Wellbutrin once daily for depression, Valium up to twice daily for anxiety, and temazepam nightly for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg, twenty count: Upheld

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

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

Decision rationale: While MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms. In this case, however, it appears that the applicant is intent on employing Valium for chronic, long-term, and/or daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Valium. Therefore, the request was not medically necessary.

Temazepam 10 mg, 25 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as temazepam may be appropriate for "brief periods" in cases of overwhelming symptoms. In this case, however, it appears that the applicant is intent on employing temazepam for chronic, long-term and/or scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. It is further noted that the page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant specific variable such as "other medications" into his choice recommendations. Here, the attending provider has failed to furnish a rationale for or make a compelling case for provision of two separate benzodiazepine anxiolytics, Valium and temazepam (Restoril). Therefore, the request was not medically necessary.