

Case Number:	CM14-0067454		
Date Assigned:	07/11/2014	Date of Injury:	07/21/2010
Decision Date:	08/28/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 Child & Adolescent Psychiatry 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 injured worker is a 58 year old male who was injured at work on July 21, 2010. The mechanism of injury is unspecified in the accompanying documentation. The injured worker has experienced back pain with muscle spasms. He was prescribed Soma, Percocet, and Valium for muscle spasms. According to the treating physician's report, the injured worker was taking 1 - 2 Valium 10mg tablets on an as-needed basis to alleviate back muscle spasms. The injured worker has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia.

Decision rationale: MTUS Guidelines indicate that the use of Benzodiazepine medications can be beneficial in alleviating anxiety in individuals with chronic pain. The recommendation is to avoid long term use of Benzodiazepines, due to the risk of developing tolerance, dependence,

and adverse side effects. It is recommended that medications in the Serotonin Reuptake Inhibitor (SSRI) class be used as first line treatment. The injured worker is not diagnosed with a mental health condition but with muscle spasms for which he is taking the prescribed Valium 10mg tablets. The Official Disability Guidelines likewise, recommend against taking Benzodiazepines for longer durations. Valium is a medication in the Benzodiazepine class, so that its continued use in this case would constitute long term treatment, which is not recommended. The request is therefore not medically necessary on this basis.