

Case Number:	CM14-0171186		
Date Assigned:	10/23/2014	Date of Injury:	10/24/2007
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 neck pain, dizziness, and headaches reportedly associated with an industrial injury of October 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and extensive periods of time off of time work. In a Utilization Review Report dated October 8, 2014, the claims administrator failed to approve a request for Valium. The applicant's attorney subsequently appealed. In an October 24, 2014 Doctor's First Report (DFR), the applicant transferred care to a new primary treating provider, who placed the applicant off of work, on total temporary disability. A cervical MRI, brain MRI, neurology consultation, and internal medicine consultation was sought while the applicant was kept off of work. In an earlier September 11, 2014 progress note, handwritten, the applicant reported ongoing complaints of low back and neck pain. Home activity was endorsed. The applicant was encouraged to wean off of opioids. Norco and valium were endorsed. It was suggested (but not clearly stated) that the applicant was employing Valium for nightly use purposes, for sedative effect. It is not evident whether this is a first time request or a renewal request. On May 26, 2014, the applicant was given refills of Norco, dietary supplements and Baclofen. Permanent work restrictions were renewed. The applicant's complete medication list was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium are recommended for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming symptoms of panic attacks for which temporary usage of Valium would be indicated. The attending provider did not, furthermore, clearly outline why and for what purpose Valium was being employed, but appears that Valium was employed for sedative effect. As noted above, it was, furthermore, not readily apparent whether the request was a first time request or a renewal request. The request as written, thus, is at odds with ACOEM principles and parameters. Therefore, the request for Valium is not medically necessary.