

Case Number:	CM14-0207734		
Date Assigned:	12/19/2014	Date of Injury:	08/20/2012
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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 major depressive disorder (MDD) and attention deficit hyperactivity disorder (ADHD) reportedly associated with an industrial injury of August 28, 2012. In a Utilization Review Report dated November 20, 2014, the claims administrator approved a request for Cymbalta while denying a request for Valium. The claims administrator referenced an October 16, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an earlier note dated July 18, 2014, the applicant reported multifocal complaints of low back and bilateral knee pain. On June 17, 2014, several topical compounds, tramadol, acupuncture, pain management consultation, spine surgery consultation, weight loss program, psychiatric consultation, and lumbar support were endorsed. The applicant's work status was not clearly outlined. In a psychiatric Medical-legal Evaluation dated August 20, 2014, the applicant was placed off of work, on total temporary disability. On August 23, 2014, the applicant reported issues with adjustment disorder, mixed depressive disorder, and attention deficit hyperactivity disorder with associated Global Assessment of Functioning (GAF) 58. The applicant was receiving Workers' Compensation indemnity benefits, which she stated were inadequate. In an earlier note dated June 10, 2014, the applicant stated that he was using Valium occasionally to diminish his levels of anxiety and tension. Ongoing complaints of financial difficulty were again evident. Valium was endorsed via a handwritten prescription dated October 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium BID #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The request for Valium, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the 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, it appears that the applicant is intent on employing Valium for chronic, long-term, and scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.