

Case Number:	CM15-0109138		
Date Assigned:	06/15/2015	Date of Injury:	12/09/2004
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 9, 2004. In a Utilization Review report dated May 14, 2015, the claims administrator partially approved a request for Valium, apparently for weaning or tapering purposes. The claims administrator referenced a May 7, 2015 RFA form and associated progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant reported ongoing complaints of neck and low back pain, at times severe, 8/10. The applicant was using a walker to move about. The applicant was given prescriptions for naproxen and Norco. The applicant's work status was not detailed. The applicant's complete medication list was likewise not detailed. There was no seeming mention of Valium on this date. In a May 4, 2015 progress note, naproxen and Valium were endorsed. Ninety tablets of Valium were issued, seemingly for complaints of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #90: Upheld

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

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

Decision rationale: No, the request for Valium, a benzodiazepine agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes, with most guidelines recommending usage of the same for weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the May 4, 2015 progress note suggested that Valium was being employed for analgesic and/or antispasmodic effect. It was not clearly stated whether the request for Valium was a first-time request or a renewal request. The 90-tablet supply of Valium at issue, furthermore, represents chronic, long-term, and/or scheduled usage of the same, i.e., usage incompatible with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.