

Case Number:	CM15-0018078		
Date Assigned:	02/06/2015	Date of Injury:	08/10/1999
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 08/10/1999, due to an unspecified mechanism of injury. Her age and date of birth were not provided. On 12/04/2014, she presented for a follow-up evaluation regarding her work related injury. It was noted that she had been prescribed Keppra 500 mg twice a day, Geodon 60 mg twice a day, and Valium 10 mg 4 times a day. She noted she felt Valium was helpful for her anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium-Benzodiazepines and Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines do not recommend Valium. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long

term efficacy is unproven and there is a risk of dependence. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Valium for anxiety. However, there is a lack of documentation regarding how long she has been using this medication. Without this information, continuing would not be supported, as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request, and 4 refills of this medication would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.