

Case Number:	CM15-0018605		
Date Assigned:	02/06/2015	Date of Injury:	09/03/1971
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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 78-year-old male who reported an injury on 09/03/1971. The mechanism of injury was not specifically stated. The current diagnoses include anxiety and SVT. The injured worker presented on 01/09/2015 for a followup evaluation. The injured worker noted increased palpitations. Anxiety symptoms were controlled on Valium twice per day. Upon examination, there was a normal rate, regular rhythm and normal heart sounds. The injured worker had a normal mood and affect with normal behavior and intact judgment and thought content. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication since at least 07/2014. The ongoing use of the current medication with authorization of 5 additional refills would not be supported as the California MTUS Guidelines do not recommend long term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.