

Case Number:	CM15-0138394		
Date Assigned:	07/28/2015	Date of Injury:	08/17/1998
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 17, 1998. In a utilization review report dated June 17, 2015, the claims administrator failed to approve a request for Valium. The claims administrator did apparently issue a partial approval for weaning or tapering purposes. A June 1, 2015 progress note and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated February 7, 2015, Rozerem, Celebrex, Prilosec, Valium, Norco, and Zohydro were renewed. The attending provider suggested that Valium was being employed on a p.r.n. basis for anxiolytic effect. In a June 1, 2015 progress note, the applicant was placed off of work. The applicant had been deemed "disabled," it was reported. Norco, Celebrex, Valium, and methadone were renewed. It was suggested that the applicant was using Valium for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg, thirty count: Upheld

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

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

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, is 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, here, however, the renewal request for 30 tablets of Valium implied chronic, long-term, and/or daily usage of the same, for anxiolytic effect, i.e., usage incompatible with the short-term role for which anxiolytics are recommended, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.