

Case Number:	CM15-0146058		
Date Assigned:	08/06/2015	Date of Injury:	10/12/1998
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 injured worker is a 60-year-old female who sustained an industrial injury on 10-12-98. In a progress note dated 3-2-15, the treating physician notes the injured worker has a depressed mood and affect, is significantly depressed and that she looks more depressed than she has. The only antidepressant so far she can tolerate without significant side effects is Wellbutrin XL at 300mg. In a progress report dated 2-10-15, the primary treating physician notes the injured worker continues to experience ongoing pain along the medial aspect of the left elbow that did not respond to immobilization in a cast. She reports that her pain is worse. She still has exquisite point tenderness over the left medial epicondyle, especially with restricted wrist flexion. There is pain with pronation against resistance as well as resisted wrist and finger flexion. The impression is medial epicondylitis left elbow. A history of hypertension, depression and anxiety are noted. Work status is noted as permanent work restrictions and that she is retired. Previous treatment noted, includes at least 12 sessions of physical therapy, immobilization cast left forearm 1-7-15, left elbow injection-successful for approximately 4 days, bilateral carpal tunnel release 2002, lateral epicondylar repair left elbow, right shoulder surgery 2007, ice, Wellbutrin, Celebrex, Temazepam, Valium, Ibuprofen, and Isometric exercises. The requested treatment is a pharmacy purchase of Valium 5mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Valium 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has used Valium in a chronic nature, which is not in accordance with the available documentation. There is no indication that the injured worker has tried and failed with an antidepressant. The request for pharmacy purchase of Valium 5mg #60 is determined to not be medically necessary.