

Case Number:	CM15-0147258		
Date Assigned:	08/10/2015	Date of Injury:	04/15/2009
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This is a 51 year old female with an April 15, 2009 date of injury. A progress note dated June 4, 2015 documents subjective complaints (feels somewhat anxious and depressed; having difficulty with lowered self-esteem; feels the increased dose of Latuda has helped a little bit), objective findings (appears ill from the flu; mood somewhat depressed; affect is restricted as usual; walks with a cane; goal directed speech; working on judgment and insight; recent memory, attention, and concentration are interfered with a bit by her anxiety and depression), and current diagnoses (major depressive disorder; posttraumatic stress disorder). Treatments to date have included medications and psychotherapy. The medical record indicates that the injured worker is planning on being out of town for an extended period of time. The treating physician documented a plan of care that included Valium 2.5mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2.5mg #360: Upheld

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

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, although the Valium helps significantly with the injured workers anxiety, the request for 360 tablets exceeds the recommendations of the guidelines. The request for Valium 2.5mg #360 is determined to not be medically necessary.