

Case Number:	CM15-0181681		
Date Assigned:	10/14/2015	Date of Injury:	05/14/2002
Decision Date:	12/01/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/15/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of May 14, 2002. In a Utilization Review report dated August 30, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced an RFA form received on July 20, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said July 20, 2015 office visit, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of the neck, shoulder, knee, and low back pain. Vicodin, Motrin, and Valium were renewed. Unspecified lumbar injections were sought while the applicant was kept off of work, on total temporary disability. It was not clearly stated for what purpose Valium had been employed. On August 3, 2015, Vicodin, Motrin, and Valium were, once again, renewed. Once again, it was not clearly stated why the applicant was using Valium. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect, with most guidelines limiting usage of the same to four weeks. Here, thus, the renewal request for Valium at a rate of twice-daily represented treatment in excess of MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of Valium in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.