

<b>Case Number:</b>	CM15-0186069		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, knee, and neck pain reportedly associated with an industrial injury of October 2, 2001. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Doral and Valium. A September 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported multi-focal complaints of neck, shoulder, wrist, hip, and low back pain with derivative complaints of depression and anxiety. Permanent work restrictions were reviewed. Trigger point injections were performed. Prilosec, Prozac, Ultracet, Doral, Celebrex, Valium were all endorsed. The attending provider contended that the Valium was being employed for anxiolytic while Doral was apparently being employed for sedative effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral 15 MG Dispensed Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** No, the request for Doral (Quazepam), 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 Doral may be appropriate for "brief periods," in cases of overwhelming symptoms. Here, however, the attending provider's September 1, 2015 office visit suggested that Doral was being employed for chronic, long-term, and/or daily use purposes, for sedative effect. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate benzodiazepine agents, Doral and Valium. Therefore, the request is not medically necessary.

**Valium 10 MG Dispensed Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Valium, a benzodiazepine anxiolytic, is likewise 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 Valium represented chronic, long-term, and/or daily usage of the same, the treating provider suggested on September 1, 2015. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guidelines in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.