

Case Number:	CM15-0201828		
Date Assigned:	10/16/2015	Date of Injury:	01/02/1996
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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 represented 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 2, 1996. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 8, 2015, the applicant reported ongoing issues with chronic low back and hip pain. The applicant was using Valium at a rate of twice daily, it was reported. The applicant's other medications included oxycodone, Synthroid, OxyContin, Norvasc, and benazepril, it was reported. Several medications were renewed and/or continued. The applicant was deemed "permanently disabled", the treating provider acknowledged. The applicant was described as having issues with insomnia, fatigue, anxiety, and depression, the treating provider reported in the review of systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium, dosage and quantity unknown: 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: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. 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 request was framed as a renewal or extension request for Valium. The applicant was described as using Valium at a rate of twice daily on office visits of July 21, 2015 and August 18, 2015. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15. Therefore, the request was not medically necessary.