

Case Number:	CM15-0209717		
Date Assigned:	10/28/2015	Date of Injury:	02/05/2004
Decision Date:	12/17/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/26/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 51 year old male who sustained an industrial injury on 2-5-04. A review of the medical records indicates he is undergoing treatment for recurrent major depressive disorder, lumbago, and lumbar radiculopathy. Medical records (5-1-15, 6-1-15, 8-3-15, 9-15-15, and 10-15-15) indicate ongoing complaints of back pain, rating "4-5 out of 10" (6-1-15), as well as feelings of "mild" depression, decreased concentration, forgetfulness, and decreased energy. The 10-15-15 record indicates that he has a "lot of back pain" and "still feels depressed". The treating provider indicates that he "feels hopeless" that he is "just stuck in life" and "has no future". He reports that he receives 6 hours of sleep at night. The treating provider indicates that the injured worker lives with his nephew out of state and that the psychiatric visits are over the phone. He is being treated with medications, including Pristiq, Wellbutrin XL, Valium, and Temazepam. He has been receiving Valium and Temazepam since, at least, 5-1-15. The utilization review (10-22-15) includes requests for authorization of Valium 10mg #45 and Restoril 30mg #20. The requests were modified to Valium 10mg #20 and Restoril 30mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #45: Upheld

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

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

Decision rationale: MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Valium on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Valium 10 mg, #45 is excessive and not medically necessary. It is to be noted that the UR physician authorized Valium 10 mg #20 for the purpose of a safe taper.

Restoril 30mg, #20: Upheld

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

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

Decision rationale: MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril 30 mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Restoril 30 mg # 20 is excessive and not medically necessary. It is to be noted that the UR physician authorized Restoril 30 mg #10 for the purpose of a safe taper.