

Case Number:	CM15-0023053		
Date Assigned:	02/12/2015	Date of Injury:	05/12/2011
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 05/12/2011. The mechanism of injury was unspecified. His relevant diagnoses include right knee pain. Past treatments included medications. On 01/13/2015, the injured worker complained of low back pain and right knee pain rated 8/10. The injured worker stated that the medications were helpful; his pain symptoms were adequately managed with no side effects and normal quality of sleep; and his pain level had remained the same since the last visit. His relevant medications were noted to include Naprosyn, Percocet 5/325 mg, tramadol 150 mg, Valium 2 mg, and alprazolam 1 mg. The treatment plan included refills for Naprosyn, Percocet, tramadol, and Valium. A rationale was not provided. A Request for Authorization form was submitted on 01/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxant Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Valium 2 mg #30 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was indicated to have been on Valium for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, an objective decrease in pain, and monitoring for side effects and aberrant drug related behaviors. In addition, there was lack of documentation in regard to a current urine drug screen for review. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.