

Case Number:	CM15-0219200		
Date Assigned:	11/12/2015	Date of Injury:	07/25/2014
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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

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:

This is a 62 year old female with a date of injury on 7-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, bilateral hips and right ankle pain. Progress report dated 9-3-15 reports continued complaints of lower back pain rated 5 out of 10. Bilateral hip pain rated 3 out of 10. Right ankle pain is rated 3 out of 10. Physical exam: knees - no tenderness palpable, no crepitus, right ankle has moderate effusion, and negative anterior drawer of the right ankle. She has been taking Valium since at least 4-6-15. Request for authorization was made for Valium 10 mg 1 tab by mouth three times per day quantity 90. Utilization review dated 10-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg 1 tab PO TID #90: 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.

Decision rationale: The patient presents on 09/03/15 with lower back pain rated 5/10, bilateral hip pain rated 3/10, and right ankle pain rated 3/10. The patient's date of injury is 07/25/14. The request is for VALIUM 10MG 1 TAB PO TID #90. The RFA was not provided. Physical examination dated 09/03/15 reveals moderate effusion in the right ankle. The remaining physical findings are unremarkable. The patient is currently prescribed Robaxin, Cozaar, Losartan, Restoril, and Valium. Patient's current work status is not provided. MTUS Guidelines 2009, Benzodiazepines section, page 24 states: "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In regard to the request for Valium, the requesting provider has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy - this patient has been prescribed Valium since at least 01/26/15. The requested 90 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request IS NOT medically necessary.