

Case Number:	CM15-0221431		
Date Assigned:	11/16/2015	Date of Injury:	12/07/2011
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial-work injury on 12-7-11. The injured worker was diagnosed as having unspecified chest pain, angina, depression, and anxiety. Treatment to date has included medication: Valium (no changes in symptoms), protonix, Xanax, Norvasc, Plavix, Prinivil, Ranexa, Lipitor, Baby Aspirin, Isordil, Nitrostat, Desyrel; surgery (right knee arthroscopy), psychotherapy (beneficial per MD report), and diagnostics. Currently, the injured worker complains of recurrent episodes of severe chest pain and pressure, shortness of breath, palpitations, "massive headaches and fatigue", without any precipitating factors. It happens 50% with sleep, 40% in the morning. There is difficulty performing ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 10-16-15, condition remains the same, exam reveals regular rhythm and rate to heart, sensation is intact, alert and oriented with no signs of over sedation or aberrant behavior, normal affect, and normal gait. Current plan of care includes continue Valium, psychotherapy, trial of feedback, meditation, and healthy nutrition. The Request for Authorization requested service to include Valium 5mg #60. The Utilization Review on 10-28-15 modified the request for Valium 5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: 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 request is for Valium 5 mg, presumably for anxiety in a claimant with Prinzmetal's angina. Valium is a benzodiazepine indicated for short-term treatment of anxiety. It is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance develops rapidly and long-term use may actually increase anxiety, worsening the patient's condition. Most guidelines limit use to 4 weeks. This patient is being prescribed Valium contrary to the guidelines for short-term use. In addition, the medical records state that the Valium has produced no change in the patient's symptoms, so its efficacy is not established. Therefore, the request is not medically necessary or appropriate.