

Case Number:	CM15-0045958		
Date Assigned:	04/17/2015	Date of Injury:	10/30/1997
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 a represented 63-year-old who has filed a claim for chronic low back pain, neck pain, mid back pain, and knee pain reportedly associated with an industrial injury of October 30, 1997. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced a February 17, 2015 progress note in its determination. The claims administrator suggested that the applicant was using Valium for anxiolytic effect. The applicant's attorney subsequently appealed. On December 17, 2014, the applicant reported ongoing complaints of low back, leg, and knee pain, 7-9/10. The applicant was using a cane to move about. The applicant was anxious and frustrated for much of the time at home. The applicant's medications included Norco, Valium, heat wraps, Voltaren gel, and Lidoderm patches. It was suggested in one section of the note that the applicant was using Valium for spasms, while another section of the note stated that the applicant was using Valium for anxiolytic effect. The applicant was using Valium as early as February 24, 2012, it was suggested. On February 12, 2015, the applicant reported ongoing complaints of knee, neck, and low back pain with derivative complaints of anxiety. Valium and Norco were endorsed. The applicant's work status was not stated, although it did not appear that the applicant was working following earlier failed cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, and indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect, with most guidelines limiting usage of benzodiazepines to four weeks. Here, it appeared that the applicant had been using Valium for what appeared to be a minimum of several years, for antispasmodic effect. This is not an MTUS-endorsed role for the same. Therefore, the request is not medically necessary.