

Case Number:	CM14-0099182		
Date Assigned:	08/29/2014	Date of Injury:	08/15/2011
Decision Date:	10/02/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; anxiolytic medications; muscle relaxants; and opioid therapy. In a Utilization Review Report dated May 30, 2014, the claims administrator denied a request for Valium. Other medications, including MS Contin, Percocet, and Tizanidine, it is incidentally noted, were also denied through separate Utilization Review Reports of the same date. The applicant's attorney subsequently appealed. In a progress note dated May 22, 2014, the applicant reported persistent complaints of low back pain. The applicant was given a short course of Valium for stress, hoping to help insomnia and improve function. The applicant was asked to continue morphine and Percocet. Thirty tablets of Valium were seemingly endorsed. The applicant was also apparently using Lyrica, MS Contin, morphine, Tizanidine, and Percocet, it was suggested. The applicant stated that he only slept one hour the preceding night. The applicant had a variety of familial and psychological stress issues, it was acknowledged. In an earlier note dated March 19, 2014, the applicant again presented with persistent complaints of low back and hip pain. The applicant was using Lyrica, MS Contin, Percocet, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms so as to afford an applicant with the ability to recoup emotional or psychological resources. In this case, the applicant apparently did develop overwhelming mental health symptoms on and around the date in question. The request for Valium, contrary to what was suggested by the claims administrator, was a first-time request for the same. The applicant did not appear to be using Valium on a chronic basis. A brief, 30-tablet supply of Valium was therefore, indicated to combat the applicant's acute decompensation of mental health issues and resultant insomnia. Therefore, the request for Valium 5MG #30 is medically necessary.