

Case Number:	CM15-0018506		
Date Assigned:	02/06/2015	Date of Injury:	04/29/2009
Decision Date:	03/26/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/31/2015

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, Ohio, 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 54-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 25, 2009. In a Utilization Review Report dated January 17, 2015, the claims administrator partially approved a request for Valium apparently for weaning purposes. The claims administrator referenced January 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant was given prescription for Lidoderm, omeprazole, capsaicin containing cream, Norco, and Valium. Urine drug testing was endorsed. The applicant reported multifocal complaints of neck, upper back, and shoulder pain with ancillary complaints of anxiety and depression. Valium was apparently endorsed on a thrice daily basis for antispasmodic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as Valium are not recommended for chronic or long-term use purposes whether for employed for anxiolytic effect, anticonvulsant effect, or for the muscle relaxant and antispasmodic effect for which Valium was seemingly employed here. Here, the request in question represented a renewal request for Valium. The 90 tablet supply of Valium, in and of itself, represents chronic, long-term, and/or thrice daily usage, which is incompatible with the short-term role for which benzodiazepines are recommended, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.