MAXIMUS Federal Services

Case Number:	CM15-0127648		
Date Assigned:	07/14/2015	Date of Injury:	06/14/2014
Decision Date:	08/11/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/01/2015

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 47-year-old who has filed a claim for chronic low back, hip, and thigh pain reportedly associated with an industrial injury of June 14, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced an RFA form received on June 11, 2015 in its determination, along with an associated progress note of June 1, 2015. The applicant's attorney subsequently appealed. In a July 13, 2015 progress note, the applicant reported issues with burning leg pain reportedly attributed to unspecified neuropathy. The applicant had undergone earlier hip arthroscopy, it was reported. Lyrica was endorsed. The applicant was asked to stop gabapentin owing to reported side effects with the same. Tramadol was also prescribed. The applicant's work status was not detailed. There was no seeming mention of the applicant's employing Valium on this occasion. In a handwritten note dated June 24, 2015, the applicant again reported ongoing complaints of hip, leg, and back pain. The applicant was using Norco and Neurontin for pain relief. The applicant was also using Valium (diazepam) on a nightly basis to help mellow out, the treating provider reported. The applicant had issues with anxiety; it was reported in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #30 (3-4 tabs PO PRN): Upheld

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

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

Decision rationale: No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the attending provider reported on May 14, 2015 that the applicant was intent on employing Valium for chronic, sustained, and/or nightly use purposes, for anxiolytic effect. This is not, however, an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.