

<b>Case Number:</b>	CM15-0026305		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 71 year old female who sustained an industrial injury on 09/11/2007. Current diagnoses include depressive disorder and dementia. Previous treatments included medication management, using a cane for ambulation, and psychological evaluation and treatments. Report dated 11/18/2014 noted that the injured worker presented with complaints that included right ankle pain, swelling, cervical spine and low back pain. Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for Valium and Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Health Chapter, Antidepressants, SSRI's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepine.

**Decision rationale:** Valium is a benzodiazepine recommended for short term relief of symptoms related to anxiety, but not long term use due to unproven efficacy is unproven and there is a high risk of dependence. Guidelines limit use to 4 weeks. Also, benzodiazepines are a major cause of overdose and they act synergistically with other drugs such as opioids. In this case, this patient is at risk for serious complications such as overdose since she is also being prescribed tramadol. In this case, the patient should be weaned off of valium. Thus, the request for valium is not medically necessary and appropriate.

**Tramadol 50mg #120, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

**Decision rationale:** Tramadol is a second line opioid analgesic which is only recommended for short term use unless opiates have improved functioning. In this case, the documents do not indicate that the patient has returned to work. In addition, the patient's pain levels are not documenting thus preventing the ability to document an adequate response. In this case, the tramadol should be weaned. Thus the request for tramadol 50 mg #120 is not medically necessary and appropriate.