

Case Number:	CM15-0063198		
Date Assigned:	04/09/2015	Date of Injury:	12/09/1994
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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 50-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of anxiety reportedly associated with an industrial injury of December 9, 1994. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced an RFA form dated March 17, 2015 and an associated progress note of March 16, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 17, 2015 RFA form, Cymbalta, morphine, Tylenol, and Valium were endorsed. In an associated progress note dated March 16, 2015, the applicant reported ongoing complaints of low back pain, 4/10. The applicant stated that she was enrolled in a volunteering program, which she hoped would ultimately translate into a part-time job. A replacement mattress was proposed. The applicant was using Elavil for insomnia, it was stated in another section of the note. The applicant was using Valium up to twice daily for anxiolytic effect it was suggested. The applicant was asked to consult a psychiatrist to address issues with uncontrolled depression. The applicant was tearful in the clinic and was using a cane to move about it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium Oral Tablet 10 mg - take 1 tablet three times a day as needed for 30 day(s) Refills: No Refills Quantity: 60 - for the management of low back symptoms, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Valium.

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 case of overwhelming symptoms, in this case, however, the request in question represented a request for continuation of Valium for chronic, long-term, and twice or thrice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Valium, an anxiolytic agent. Therefore, the request was not medically necessary.