

<b>Case Number:</b>	CM15-0067455		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 58-year-old who filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of March 8, 2000. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for Valium. The claims administrator referenced RFA form of March 11, 2015, in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of insomnia. Flexeril, Ambien, Baclofen, Vicodin, Zantac and Valium were all endorsed. 8/10 low back pain was noted. The applicant was off of work, and had been deemed "disabled," the treating provider acknowledged. In an earlier note dated August 12, 2014, the applicant, once again, received refills of various medications, including Vicodin, Valium, Ambien, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 MG Take 1 Tab Daily #30:** Upheld

**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:** No, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, attending provider and/or applicant were seemingly intent on employing Valium for chronic, long-term and/or nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for Valium, a benzodiazepine anxiolytic. Therefore, the request was not medically necessary.