

Case Number:	CM15-0077620		
Date Assigned:	04/29/2015	Date of Injury:	12/29/1995
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/23/2015

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 59-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 29, 1995. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for Valium. A RFA form received on April 14, 2015 was referenced in the determination, as were progress notes of March 27, 2015, April 10, 2015, and February 24, 2015. The applicant's attorney subsequently appealed. In a RFA form dated April 15, 2015, 10 tablets of Valium were endorsed. In an associated progress note dated April 10, 2015, the applicant reported 7-8/10 low back pain. Significant spasms were noted. The applicant's medication list included Soma, Pamelor, Prilosec, and Norco, it was acknowledged. Epidural steroid injection therapy was sought, along with lumbar MRI imaging. Valium was endorsed for muscle spasms and/or sedation. Ten tablets of lidocaine were furnished. In an earlier RFA form dated March 31, 2015, Norco, Soma, and Ultram were sought. In an associated progress note dated March 27, 2015, the applicant reported persistent complaints of low back pain. Norco, Soma, and Ultram were apparently renewed. On February 13, 2015, the applicant was described as using Norco and Soma for ongoing complaints of low back pain. The remainder of the file was surveyed. There was no clear evidence that the applicant had in fact been given Valium prior to April 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, most guidelines limit the usage of benzodiazepines to four weeks, whether employed for sedative effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the attending provider seemingly suggested that Valium was being employed for antispasmodic effect. The request was framed as a time-limited, first-time request for Valium. There was no evidence that the applicant was using Valium prior to the April 15, 2015 RFA form at issue. A 10-tablet supply of Valium was, thus, indicated to combat the muscle spasms reportedly present on or around that date. Therefore, the request was medically necessary.