

<b>Case Number:</b>	CM13-0029193		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old male who reported an injury on 05/16/2008 after he was loading a truck. The patient reportedly sustained an injury to his low back, right shoulder, and neck. The patient's treatment history included surgical intervention, postsurgical physical therapy, injection therapy, psychiatric support, and medication therapy. The patient was managed with multiple medications. The patient was monitored with urine drug screens. The patient's most recent medication history included Valium 10 mg, OxyContin, oxycodone, Ambien, and Colace. The patient's most recent clinical evaluation documented that there was limited cervical and lumbar range of motion secondary to pain. The patient also had restricted range of motion secondary to pain of the bilateral shoulders. The patient's diagnoses included shoulder pain and cervical pain. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #15:** Upheld

**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:** The requested VALIUM 10mg #15 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the long-term use of benzodiazepines. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 12/2012. The California Medical Treatment and Utilization Schedule does not recommend treatment with benzodiazepines to exceed 4 weeks as there is a high risk for psychological and physical dependence. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond Guideline recommendations. As such, the requested Valium 10mg #15 is not medically necessary or appropriate.