

<b>Case Number:</b>	CM13-0030882		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/24/1996
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 physician 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 injured worker with date of injury 8/24/96. He is diagnosed with spinal/lumbar degenerative disc disease, low back pain, lumbar postlaminectomy syndrome. The 5/11/06 CT L-Spine myelogram showed severe degenerative disc disease at all lumbar levels with a dextro convex curvature, multiple impingements, and multiple sites of neural foraminal stenosis. The 9/5/06 EMG/NCS reports are suggestive for a radiculopathy. The 2/21/07 MRI of the thoracic spine revealed diffuse bony and disc degenerative changes. The injured worker had a spinal cord stimulator implanted in 2006 which went on to malfunction and was replaced 10/22/13. The date of utilization review determination is 8/19/13. The latest available document for this review was dated 11/8/13, which stated that the worker had too much sedation with another muscle relaxant (cyclobenzaprine) and is using diazepam for anxiety as well as muscle spasm, and that two separate thefts occurred of his opiate medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The progress reports from the treating physician dated 11/8/13, 10/28/13, 9/30/13, 8/5/13, 6/24/13, and 5/20/13 all denote valium as a current medication. The injured worker's medication regimen has included valium for at least several months though MTUS limits its use to 4 weeks. Two separate indications of theft of his opiate medications are noted in the most recent record, suggesting concern for aberrant behavior with narcotics. The request is not medically necessary.