

<b>Case Number:</b>	CM13-0036213		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Pain Management and is licensed to practice in Georgia. 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 claimant presents with low back pain and leg pain following a work related injury on 2/17/2011. A CT scan of the lumbar spine revealed good anterior bony fusion at L3-4 and expandable cage at L4 through S1, ongoing posterior bony fusion, as well as foraminal narrowing at the L4-5, L5-S1 levels, a large cyst towards the left hand side in the anterior portion of the psoas muscle at the level of the surgery. This probably represents a post hematoma cyst. The claimant was diagnosed with status post anterior-posterior L3 to S1 lumbar fusion with a L3 to L4 transforaminal interbody fusion on 9/17/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription for valium:** Upheld

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

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

**Decision rationale:** The requested valium is not medically necessary. The California Chronic Pain Medical Treatment 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. The ranging actions include sedative/hypnotic, anxiolytic, anti-convulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The amount of valium prescribed is unclear. Therefore, the requested valium is not medically necessary.