

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0037031 |                              |            |
| <b>Date Assigned:</b> | 02/07/2014   | <b>Date of Injury:</b>       | 12/01/2003 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 10/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2013 |

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 47 year old woman with a date of injury of 12/1/03. She was seen by a consultant physician on 9/30/13 in a pain clinic for an injury to her cervical spine. She is status post treatment with physical therapy, TENS unit, chiropractic, osteopathic, trigger point injections, cervical epidural injections, home exercise, massage and medications. She had complaints of 7-8/10 pain in her posterior neck and shoulder blades with radiation to her arms. Her current medications were tylenol, cymbalta and ibuprofen. Her physical exam was significant for tenderness and tightness over the bilateral trapezii and levator scapulae rhomboidal area with positive Spurlings on the right and 30% restriction in flexion, extension and lateral bending. Her thoracic spine showed mid-thoracic tenderness at T6-7. Her lumbar spine showed tenderness in the lumbosacral area with 20% restriction of flexion and positive right straight leg raise. She had hypoesthesia in her posterior arms. Her diagnoses included cervical degenerative disc disease C4-5, C5-6, C6-7 with mild spinal stenosis, cervical radiculopathy, right > left, nonindustrial thoracic degenerative disc disease and nonindustrial lumbar degenerative disc disease with right leg radiculopathy, fibromyalgia and situational depression. Her medications were refilled and valium was prescribed as needed for muscular spasm which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF VALIUM 5MG, #30 WITH 3 REFILLS:** Upheld

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

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

**Decision rationale:** This injured worker has a long history of chronic neck and back pain. According to the MTUS Chronic Pain Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions....A more appropriate treatment for anxiety disorder is an antidepressant." The medical records provided for review do not substantiate a significant degree of muscle spasticity to justify the medical necessity of Valium in this injured worker. The request for one prescription of Valium 5mg #30 with 3 refills is not medically necessary and appropriate.