

<b>Case Number:</b>	CM13-0056037		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, has a subspecialty in 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 injured worker is a 48-year-old male who reported an injury on 07/17/2009. The mechanism of injury was the injured worker was in his work truck when vehicle that was involved in a 2 vehicle accident lost control and rear-ended his work truck. The injured worker had a lumbar epidural steroid injection bilaterally at L5-S1 on 07/29/2013. The injured worker's diagnoses were noted to include lumbar post-laminectomy syndrome status post L4-5 interbody on 01/04/2010, right femur status post (ORIF) open reduction and internal fixation on 01/04/2013 and right lower extremity radiculopathy. The injured worker was taking Benzodiazepines as of early 2013. The documentation of 10/01/2013 revealed the injured worker had an open reduction and internal fixation of the right femur on 01/13/2013 and was recovering. Medications included Valium 10 mg 4 times a day. The treatment plan included to continue the medications and for additional courses at the Lindora weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDICATION: VALIUM REFILL, ONE MONTH TO ALLOW FOR WEANING:**

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 Chronic Pain Medical Treatment Guidelines do not recommend Benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 6 months. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the quantity and frequency. Additionally, it failed to include the strength of the medication. Given the above, the request for medication: Valium refill, one month to allow for weaning is not medically necessary.