

<b>Case Number:</b>	CM13-0061723		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Psychiatry and Neurology, 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:

This patient has a date of injury 7/17/2009. The date of UR decision was 11/07/2013. He got injured while lifting a lift gate on a truck and it caused low back pain radiating to right leg. The primary treating physician's progress reports dated 1/4/2013 onwards lists insomnia as a diagnosis as well with the herniated disc, lumbar spine. Progress Reports (PR) 07/12/2013 onwards lists diagnoses of depression and insomnia. Progress report from 11/12/2013 states that the injured worker is taking "norco QID PRN for breakthrough pain, gabapentin twice a day and valium QHS as muscle relaxant and to help with insomnia due to chronic pain." He did not find long acting morphine effective. Psychological evaluation date 07/16/2013 states that the injured worker falls in above average range of depression, anxiety and somatization

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty (30) tablets of Valium 10 mg between 11/1/2013 and 12/31/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines, Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines, Weaning of Medications, Page(s): 24 and 124..

**Decision rationale:** The MTUS guidelines indicate 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium 10 mg qhs on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines indicate that the use of benzodiazepines should be limited to 4 weeks. The MTUS guidelines also indicate that benzodiazepine tapering is required if used for greater than 2 weeks. Thus the medical necessity for 30 tablets of Valium between 11/01/2013 and 12/31/2013 cannot be affirmed. However, according to the guidelines the valium should be tapered before discontinuing.