

<b>Case Number:</b>	CM13-0064571		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/28/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Occupational 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 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 applicant has filed the claim for chronic low back pain associated with an industrial injury of June 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified number of prior epidural steroid injections over the life of the claim; psychotropic medications; anxiolytic medications; and sacroiliac joint injection therapy. In a medical-legal evaluation of May 3, 2013, the applicant was described as having ongoing issues with depression, frustration, and anxiety. It does not appear that the applicant was working. A clinical progress note of December 11, 2013 is notable for comments that the applicant reports chronic low back pain radiating to the left leg, 5 to 9/10. The claimant's medication list includes Bacitracin, Prozac, Remeron, Norco, and Valium. The applicant is apparently using Valium twice daily. The applicant's BMI is 33. A replacement TENS unit along with prescriptions for Remeron, Norco, and Valium are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 10MG #60:** 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:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes. A more appropriate treatment for long-term anxiety issues is an antidepressant, the MTUS further notes. In this case, the attending provider has not proffered any applicant-specific information so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified, on independent medical review.