

<b>Case Number:</b>	CM14-0000148		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, 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 51 year old male with a reported date of injury on 10/17/2006. The mechanism of injury occurred while lifting a heavy object. The diagnoses included lumbago and cervicalgia. The past treatments included pain medication and physical therapy. There were no diagnostic studies submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 09/04/2014 included low back pain and muscle spasms. The physical examination noted decreased range of motion in the cervical spine with positive facet loading test. The medications consisted of Oxycontin, Valium, and Norco. The notes indicate that the injured worker has been on Valium since at least 07/07/2014. The treatment plan was to increase Valium to three times a day and refill medications. The rationale for Valium was for better management of muscle spasms and anxiety. The request for authorization form was dated 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 REFILL OF VALIUM 5MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

**Decision rationale:** TUS Guidelines state 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 injured worker has chronic back pain. The notes indicate that he has been on Valium since at least 07/07/2014 which exceeds the guideline recommendation of 4 weeks. Additionally the request as submitted did not provide a medication frequency. As the injured worker has been on Valium longer than 4 weeks, the request is not supported. As such, the request is not medically necessary.