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| <b>Case Number:</b>   | CM14-0103483 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/16/2012 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2014 |

### 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 Texas and Oklahoma. 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 62-year-old female who reported an injury on 11/16/2012 due to a fall. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included surgical intervention. The injured worker was evaluated on 05/21/2014. It was noted that the injured worker complained of 10/10 pain. The injured worker's medications were noted to be Percocet, Valium, Norco, Keflex, Lexapro, Lamictal, clonazepam, Seroquel, and metformin. Physical findings included decreased range of motion of the lumbar spine with a left sided antalgic gait and foot drop of the left lower extremity. The injured worker's diagnoses included low back pain, degenerative disc disease of the lumbar spine, and cervical degenerative disc disease. A request was made for Valium 10 mg #75 x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg/tab; 1 tab as needed for spasm # 75 Refill 2:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule does not support the long term use of benzodiazepines as there is a high risk of psychological and physiological dependence. Although a treatment history of this medication was not provided, it is noted within the documentation that the injured worker is currently prescribed this medication. This, in combination with the current prescription and 2 additional refills, exceeds guideline recommendations of a short duration of treatment not to exceed 4 weeks. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation indicates that the injured worker complains of 10/10 pain. Therefore, the efficacy of the injured worker's medication schedule is not established. As such, the requested Valium 10 mg, 1 tablet as needed for spasm #75 with 2 refills is not medically necessary or appropriate.