

<b>Case Number:</b>	CM14-0016169		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 53 year old female injured on 05/27/10 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documents provided. The patient underwent bilateral posterolateral and anterior interbody fusion at L5-S1 on 02/25/11. Current diagnosis is failed back syndrome. The most recent clinical note dated 01/21/14 indicates the patient reported increased pain due to sitting in seminars and education programs required by current employer. The patient reports using Vicodin sparingly. It was also noted that tizanidine was not working and the patient would require Valium. Physical examination revealed tenderness in lumbar paraspinal muscles with flexion 80, extension 20, right and left bending 20 with negative straight leg raise, and negative Fabere test. The patient was prescribed Vicodin 5/300mg QD PRN #30 x 2 refills, Valium 5mg PRN #30 x 2 refills, and advised to continue home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VALIUM 5 MG A DAY AS NEEDED, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use. Per Official Disability Guidelines, authorization for continued use, after a one-month period, should include the specific necessity for ongoing use as well as documentation of efficacy. There is no discussion in the clinical notes regarding the projected duration for its use at the time of the initial prescription. Furthermore, the clinical notes do not address the ongoing benefits received from the ongoing use of the Valium. Therefore, the request is not medically necessary owing to the unfavorable guideline recommendation on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines.