

<b>Case Number:</b>	CM14-0159073		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 50-year-old female with a date of injury of 01/20/1999. The listed diagnoses per [REDACTED] are: 1. Postlaminectomy syndrome of lumbar region; 2. Thoracic or lumbosacral neuritis or radiculitis; 3. Lumbago; 4. Cervicalgia; 5. Myalgia, myositis; 6. Other symptoms referable to back; 7. Chronic pain syndrome; 8. Migraine; 9. Brachial neuritis or radiculitis; 10. Internal derangement of knee; 11. Pain in joint, ankle, and foot; 12. Possible opioid dependence. According to progress report 09/12/2014, the patient presents with neck and low back pain which radiates into the bilateral upper extremities and lower extremities. The patient also has frequent severe migraines. Patient underwent a CESI on 08/05/2014 which greatly reduced her pain until recently. She states her pain level is 5-6/10 with medications and 8/10 without medications. Patient notes chronic pain medication increases her activities and keeps the pain within a manageable level with no side effects. Medications include Dilaudid 2 mg, Percocet 5/325 mg, Zofran 4 mg, Zomig 1 to 2 sprays daily, Soma as needed, Valium 5 mg, and Climara patch. Both cervical spine and lumbar spine revealed tenderness to palpation with decreased range of motion on all planes. There was a positive straight leg raise bilaterally. The treating physician is requesting a refill of medication. Utilization review denied the request on 09/19/2014. The medical file provided for review includes 1 progress report from 09/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30, as an outpatient for neck and low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The treating physician is requesting a refill of Valium 5mg #30. Review of the medical file does not indicate when the patient was first prescribed this medication. Report 09/12/2014 does states that this is a request for refill. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit 4 weeks." In this case, the patient has been prescribed this medication for long-term use. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." Recommendation is that the request is not medically necessary.