

<b>Case Number:</b>	CM14-0169734		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

There were 15 pages provided for this review. The patient has progressive low back pain that radiates into both legs with weakness. A CT scan was requested and deemed not medically necessary. His low back pain is not been covered by a spinal cord stimulator. The medicines include methadone, tramadol, Lidoderm to the back, Valium and Neurontin. He has a Medtronic spinal cord stimulator which provides 70% relief in the low back. Pain is increasing in the low back and it radiates in and L3-L4 distribution. The diagnoses were chronic lumbar radiculopathy, lumbar post laminectomy syndrome, status post spinal cord stimulator, and the plan is to reprogram the spinal cord stimulator and to continue the medicines. The utilization review proposed modifying the Valium with the purpose of weaning the medicine to discontinue it. He is described as a 59-year-old man injured back in 1998. He aggravated a pre-existing nonindustrial laminectomy when he reached with his left arm while sitting at a computer terminal. He also had a new injury to his low back on April 21, 2009 when he missed a step at work. He lost his balance and strained the lumbar region. Treatment has included a lumbar fusion L3-S1 unknown date, spinal cord stimulator in 2007, physical therapy, Aqua therapy, trigger point injections and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg 1 PO TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines

**Decision rationale:** Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is considered not medically necessary.