

<b>Case Number:</b>	CM14-0023330		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Family Practice, has a subspecialty in Preventative 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:

This 67 year old female claimant sustained a work injury on 7/7/2000 involving the low back. She was diagnosed with lumbosacral injury, spondylosis, lumbar radiculopathy and myofascial pain. She underwent a lumbosacral fusion in 2007 and developed a failed back syndrome. A progress note on 1/6/14 indicated the claimant had continued pain and decreased range of motion in the lumbar spine. The claimant was recommended to continue Norco and Opana for pain control. A subsequent request was made for Valium 10 mg BID. She had been on Valium since at least Aug 2013. On 3/5/14, the claimant was recommended to undergo 8 weeks of a function restoration program along with continuing opioid analgesics (Norco and Opana).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAZEPAM 10MG, #60, 30 DAY SUPPLY WITH 2 REFILLS:** 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): 27.

**Decision rationale:** According to the MTUS guidelines, Benzodiazepines such as Valium (Diazepam) are not recommended for long term use. The claimant had been on Valium since

August 2013. There was no specified diagnosis for its continued use. Most guidelines limit its use for 4 weeks. There was no indication of the particular benefit it was providing the claimant. The continued use of Valium is not medically necessary.