

<b>Case Number:</b>	CM14-0030928		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/25/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 49 year old female who reported an injury on 10/25/2001. The mechanism of injury was not specified. Her diagnoses included brachial neuritis, lumbosacral neuritis, lumbar disc degeneration, and displacement of cervical intervertebral disc without myelopathy. Her previous treatment included epidural steroid injections. Her diagnostics and surgeries were not provided. On 07/31/2014 it was noted that she reported increased activities of daily living with medication use, she showed no evidence of aberrant drug taking behaviors, and she denied adverse effects from her medications. Her medications included Clonazepam 0.5mg at bedtime, Soma 350mg 3 times daily, Valium 5mg 4 times daily, and Oxycodone HCl 10mg 2 tablets 4 times daily for pain. The treatment plan was for Valium 5mg 2 tablets by mouth 3 times daily #60. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg; 2po tid #60:** Upheld

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

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

**Decision rationale:** As stated in California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long term efficacy is unproven and there is a risk for dependence. Long term use of the medication may increase anxiety. Most guidelines limit use up to 4 weeks. The injured worker was diagnosed with lumbosacral neuritis and lumbar disc degeneration after a work related injury. She was on an analgesic adherence program and in compliance with all of her prescribed medications as it was noted in the clinical notes. It was noted she had been taking Valium for several months; however, the guidelines indicate that the medication is not recommended for long term use because long term effectiveness is unproven and there is a risk for dependence; most guidelines only suggest use of the medication for up to 4 weeks. It is noted in the guidelines that long term use of a benzodiazepine drug may increase anxiety. It was unclear as to what the rationale for Valium was as the injured worker was a full time worker and highly functioning. As such, the request for Valium 5mg 2 tablets by mouth 3 times daily #60 is not medically necessary.