

<b>Case Number:</b>	CM14-0040595		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	07/21/2014	<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 Family Medicine and is licensed to practice in North Carolina. 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 46-year-old with a reported date of injury of 10/17/01. The patient has the diagnoses of bilateral plantar fasciitis, chronic S1 radiculopathy with nerve injury during surgery, back surgery times 6, neuritis versus CRPS, bilateral knee pain and synovial cyst. Treatment modalities have included medication, physical therapy, surgery, H-wave and TNS therapy, acupuncture, aqua massage therapy, chiropractic care, rhizotomy, traction and joint injection. Treatment records from the primary treating physician dated 01-16-14 notes the patient reports bilateral leg spasms worse when standing, right knee pain and right leg giving out spontaneously, valium helping with spasms. Physical exam shows limited flexion in the back with pain with extension, lateral flexion and rotation. Progress notes from the patient's psychologist dated 1/29/2014 reports the patient suffering from lowered self-esteem due to chronic pain and functional limitations. The patient denied any suicidal ideation. A utilization review dated 02/27/2014 was done for prescriptions of Ativan and Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Ativan 0.5mg #30 with 2 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Anxiety medications for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 27.

**Decision rationale:** The California MTUS makes the following recommendations concerning benzodiazepine use: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) This patient has been using the medication longer than the recommended 4 week period, thus the medication is not medically necessary.

**1 Prescription of Valium 5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety medications for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The California MTUS makes the following recommendations concerning the use of benzodiazepines as muscle relaxants/antispasmodics: Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepines for the treatment of spasm. (See, 2008) Since there is a negative recommendation for the use of this medication as described in the progress notes for this patient, the medication is not medically necessary.