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| <b>Case Number:</b>   | CM14-0045602 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 05/05/2000 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2014 |

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 5/5/00 date of injury, and status post lumbar microdiscectomy L4-S1 2/6/01, and status post L4-S1 discectomy and fusion 6/25/01, and status post hardware removal 12/01. At the time (3/7/14) of request for authorization for Valium 5 mg #60, there is documentation of subjective (chronic low back pain with radiculopathy) and objective (cervical trigger points, pain with cervical range of motion, positive straight leg raise, lumbar trigger points, limited and painful lumbar range of motion, decreased sensation left L4-5) findings, current diagnoses (lumbar spine radiculopathy, muscle spasm, failed back syndrome, and fibromyalgia/myositis), and treatment to date (trigger point injections and medications (including Valium since at least 8/13)). 2/5/14 medical report identifies that the patient takes valium when she cannot sleep and her headaches are severe, and that she does not take this daily. In addition, report identifies that the medications provide decrease pain and increase function, that pain with medications is reduced from 10/10 to 2/3/10. There is no documentation of an intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 MG #60:** 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): 24.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, muscle spasm, failed back syndrome, and fibromyalgia/myositis. In addition, there is documentation of functional benefit and improvement as a result of Valium use to date. However, given documentation that Valium has been prescribed since at least 8/13, there is no documentation of an intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request for Valium 5 mg #60 is not medically necessary.