

<b>Case Number:</b>	CM14-0050408		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 with a reported date of injury on 03/21/2003. Her diagnoses were noted to include cervical radiculopathy, lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, right knee pain, status post right knee surgery, status post open reduction and internal fixation, annular tear, anxiety, and depression. Her previous treatments were noted to include epidural steroid injection, medications, and exercise. The progress report dated 05/09/2014 reported the injured worker complained of neck pain that radiated down the right upper extremity, accompanied by tingling constantly in the right upper extremity to the level of fingers, and numbness constantly into the right upper extremity to the level of the fingers and muscle weakness occasionally. The injured worker complained of low back pain that radiated down the right lower extremity as well as upper extremity pain to the right shoulder. The lower extremity pain to the right knee was aggravated by sitting and walking. The pain was rated as 8/10 to 9/10 in intensity with medications and 9/10 to 10/10 in intensity without medications. The injured worker reported her pain has worsened since her last visit. The injured worker reported activities of daily living limitations in regard to self-care and hygiene, activity, ambulation, sleep, and sex. The physical examination reported a cervical spasm and spinal vertebral tenderness was noted to the cervical spine C3 to C7, myofascial trigger points were noted in the trapezius muscles bilaterally and rhomboid muscles bilaterally. The range of motion was limited with flexion to 25 degrees, extension to 10 degrees, and rotation left/right 60 degrees and was severely limited due to pain. Sensory examination showed decreased sensation to the right with affected dermatome C4 to C6 and sensory examination had worsened moderately since the last visit. The lumbar examination noted spasms to the right paraspinous musculature. There was tenderness noted upon palpation to the spinal vertebral area at L4 to S1 levels. The range of motion of the lumbar spine was severely limited secondary to

pain, sensory examination showed decreased sensitivity to touch along the L4 to S1 dermatome in the right lower extremity and lower extremity flexor and extensor strength was unchanged since the prior examination. Straight leg raise was positive to the right for radicular pain. The medications were noted to include Celexa 20 mg 1 tablet twice a day, Lyrica 75 mg 1 tablet twice a day, Norco 10/325 mg 1 every 6 hours for pain, Nucynta 75 mg 1 twice a day, Valium 10 mg 1 twice a day, ibuprofen 800 mg 1 twice a day, and Tizanidine 4 mg 1 daily. The request for authorization form was not submitted within the medical records. The request is for Valium 10 mg #60 and Celexa 20 mg #30; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Valium 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Valium 10 mg #60 is not medically necessary. The injured worker has been taking this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some of the medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication and muscle relaxants are recommended for a short-term use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Valium 10 mg #60 is not medically necessary.