

<b>Case Number:</b>	CM14-0060515		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational 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:

The claimant was injured on 03/24/2000 and Valium has been recommended and is under review. The request was modified. The claimant has ongoing low back pain, left knee and ankle pain and poor sleep. He is status post low back surgery and has decreased lumbar and left knee range of motion due to pain. He has been diagnosed with post laminectomy syndrome. On 01/22/14, he saw [REDACTED] for his complaints. He was using zolpidem for sleep. He was also trying a spinal cord stimulator. His medications included Norco, Neurontin, Wellbutrin, MS SR, Valium and Voltaren gel. He has had multiple studies done and epidural steroid injections. He appeared to be in mild distress. He had an antalgic and slow gait and was using a cane. There was perhaps spasm and tenderness with tight muscle bands and trigger points in the low back. Straight leg raise was positive on the right side. He had tenderness but intact reflexes. Trigger points caused radiating pain and a twitch response. He had a mild effusion of the left knee joint with tenderness. He had been using Provigil. Valium was used for anxiety and muscle spasm. Taper was recommended. He reported more pain when the Valium was tapered. He also had more spasm and tightness. A trial of trazodone was recommended in place of zolpidem and Rozerem. On 06/11/14, he was seen again. His medications were working well. He remained on Valium, Norco, Neurontin, and Rozerem, and trazodone. He was also using MS SR Wellbutrin, ranitidine, and Voltaren gel. Again Valium was recommended for anxiety and muscle spasm. The note looks the same as the previous one.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg #24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

**Decision rationale:** The history and documentation do not objectively support the request for Valium 5 mg #24. The MTUS state "benzodiazepines (Alprazolam) [are] 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." Before prescribing any medication, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, there is little information about the claimant's objective findings demonstrating spasm/anxiety and relief of spasm/anxiety with the use of this medication. The specific objective or functional benefit that he receives from the use of this medication has not been described. There is no documentation that he is involved in an ongoing rehab program of exercise in combination with ongoing treatment. The medical necessity of this request has not been clearly demonstrated, therefore is not medically necessary.