

<b>Case Number:</b>	CM14-0078624		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 59-year-old male with a 5/8/06 date of injury. At the time (5/14/14) of the Decision for 1 Prescription of Valium 10mg #30 with 3 refills, there is documentation of subjective (chronic low back pain rated as a 4 out of 10) and objective (antalgic gait, decreased lumbar range of motion, positive straight leg raise, and decreased patellar reflexes) findings, current diagnoses (lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar post-laminectomy syndrome, and lumbar spinal stenosis), and treatment to date (ongoing therapy with Valium since at least 2012). There is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Valium 10mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) ; Valium; Benzodiazepines.

**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 lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar post-laminectomy syndrome, and lumbar spinal stenosis. However, given documentation of ongoing treatment with Valium since at least 2012, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation 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 as a result of use of Valium. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Valium 10mg #30 with 3 refills is not medically necessary.