

<b>Case Number:</b>	CM13-0030410		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 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 injured worker was a 59-year-old female who experienced an industrial injury 11/08/99 while she was working as a Mail/Inventory Clerk. Mechanism of injury was not noted. Per the primary treating physician's report dated 04/30/13, she continued to complain of having low back pain. She underwent hardware removal in September 2012. Upon objective evaluation, her gait remains antalgic, cane assisted, short right leg stance. There was decreased lumbar spine range of motion in flexion and extension secondary to pain. There was distal right lower extremity weakness. Diagnoses were post laminotomy pain syndrome with chronic right lumbar radiculitis and partial footdrop, failed spinal cord stimulation trial. Recommended treatment plan included discontinuation of Methadone, Norco, and Nucynta; trial Butrans 10 mcg patch, one patch per week; continue Ambien CR 12.5 mg, one tablet per day at bedtime, and continue Valium 10 mg three times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, Workers' Compensation Drug Formulary, Valium 10 mg (website).

**Decision rationale:** Valium is a benzodiazepine which is 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. Tolerance develops with long-term use. In this case, the patient has been taking this medication long term. Long-term efficacy is unproven and there is a risk of dependence. Therefore the request is not medically necessary.