

<b>Case Number:</b>	CM14-0137151		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/01/1994
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 4/1/94. He reported pain up his right leg to his back. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, fibromyalgia syndrome, thoracic or lumbosacral neuritis or radiculitis, cervical post-laminectomy syndrome, cervicgia, headache, brachial neuritis or radiculitis, lumbago, and displacement of cervical intervertebral disc without myelopathy. Treatment to date has included C4-6 fusion, cervical trigger point injections, cervical epidural injections, physical therapy, and medication. Currently, the injured worker complains of cervical pain, right upper extremity pain, and low back pain radiating down the right lower extremity. Headaches and burning foot pain were also noted. The treating physician requested authorization for Valium 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 1994 and continues to be treated for radiating neck and low back pain. When seen, pain was rated at 6-8/10. There was decreased cervical spine range of motion with muscle spasms and bilateral wrist tenderness. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition and therefore the continued prescribing of Valium was not medically necessary.