

<b>Case Number:</b>	CM14-0189396		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Emergency 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:

This is a patient with reported date of injury on 3/18/2002. Mechanism of injury is from slip and fall. The patient has a diagnosis of lumbar post laminectomy syndrome, lumbar spinal stenosis and lumbar degenerative disc disease. The patient is post lumbar laminectomy. Medical reports reviewed. Last report available until 10/17/14. Patient complains of low back pain radiating down legs to feet. Pain is 10/10. Diazepam reportedly improves spasms. Patient currently ambulates with a walker, medications reported improves pain so that he no longer needs a wheelchair. Objective exam reveals negative straight leg, decreased range of motion with palpable spasms. Kyphotic posture noted. Urine Drug screen dated 5/14/14 was appropriate. No imaging or electrodiagnostic reports were provided for review. Medications include Kadian, Diazepam and Gabapentin. Patient has a spinal cord stimulate implanted. Independent Medical Review is for Valium 5mg #60. Prior UR on 11/7/14 recommended non-modification to #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg PO BID #60 for associated lumbar spasms, Body Part: Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. Per the medical records, the patient is taking the medication chronically. Therefore, the request is not medically necessary.