

<b>Case Number:</b>	CM14-0194297		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/20/2003
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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:

This individual is a 44 y/o male who developed persistent low back pain subsequent to an injury dated 10/20/03. He has been diagnosed with lumbar spondylosis with an associated radiculitis. Oral opioids have recently been adjusted and this individual continues to work. Chronic Benzodiazepines have also been prescribed for his pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Diazepam 5mg #90:** Upheld

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

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

**Decision rationale:** MTUS Guidelines do not support the long-term use of Benzodiazepine (Valium) for any condition including chronic pain management. There are no unusual circumstances to justify an exception to Guidelines. The Valium 5mg #90 is not medically necessary.