

<b>Case Number:</b>	CM14-0195559		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 is a 28-year-old woman with a date of injury of 03/26/2010. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 07/23/2014 indicated the worker was experiencing lower back pain that went into the right leg, lower back muscle spasms, and episodes of right leg and foot swelling. This was the most recent clinical documentation submitted for review. Documented examinations consistently described a mildly painful walking pattern, tenderness and spasm in the lower back muscles, tenderness at the right hip, and where the lower back joins the pelvis. The submitted and reviewed documentation concluded the worker was suffering from on-going right lower back pain, right leg radicular pain with weakness, and right sacroiliitis. Treatment recommendations included oral pain medications, medication injected where the lower back joins the pelvis, and urinary drug screen testing. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for forty-five tablets of Valium (Diazepam) 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**45 Valium 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24, 124.

**Decision rationale:** Valium (Diazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The most recent submitted clinical documentation concluded the worker was suffering from on-going right lower back pain, right leg radicular pain with weakness, and right sacroiliitis. It was unclear how long the worker was taking this medication, the reason it was started, the presence of negative effects, and if there was any benefit. In the absence of such evidence, the current request for forty-five tablets of Valium (Diazepam) 5mg is not medically necessary.