

<b>Case Number:</b>	CM14-0204962		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/09/1999
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 1999. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for Valium, a benzodiazepine anxiolytic. A RFA form received on October 28, 2014 was referenced, along with correspondence dated November 4, 2014 and a progress note dated September 24, 2014. The claims administrator contended that the applicant was using Valium four times daily. The applicant's attorney subsequently appealed. In an October 27, 2014 RFA form, OxyContin, Valium, and tramadol were endorsed. In an associated progress note dated October 22, 2014, the applicant reported persistent complaints associated with myofascial pain complaints, low back pain, and neck pain, 8/10. The applicant's medication list included tramadol, Valium, Zofran, Catapres, and Lidoderm patches. The applicant's BMI was 29. The applicant was asked to continue various medications, including Valium, oxycodone, and tramadol. It was not clearly stated for what purpose Valium was being employed. In an RFA form dated September 29, 2014, Zofran, Catapres, Valium, oxycodone, and OxyContin were all endorsed, along with urine drug testing. Tramadol was also sought. In an associated progress note of September 4, 2014, the applicant reported persistent complaints of neck pain, myofascial pain, low back pain, 8/10. The applicant was using a variety of medications, including Valium. Once again, it was not clearly stated for what purpose Valium was being employed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #120 with 1 refill, one 4 times a day:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic benzodiazepine usage is the treatment of choice for very few conditions, with most conditions limiting usage of benzodiazepines to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on long-term usage of Valium. The attending provider did not, furthermore, clearly state for what purpose Valium was being employed here. Therefore, the request was not medically necessary.