

<b>Case Number:</b>	CM15-0007299		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/18/1985
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 68 year old man sustained an industrial injury on 11/18/1985 after a motor vehicle accident. Treatment has included oral medications and bilateral sacroiliac steroid injections. Physician notes dated 12/17/2014 show complaints of marked increase in back pain for which the worker used ice packs and oral medications as well as a back brace when needed. Objective assessment showed tenderness and restricted range of motion. The treatment plan going forward is to continue with self directed exercise, possible physical therapy in the future, and oral medications including Norco and Valium at the same dosages that he has been taking. On 12/17/2014, Utilization Review evaluated a prescription for Valium 10 mg, that was submitted on 12/31/2014. The UR physician noted that valium is used for it's muscle relaxant properties, however, there is no documentation of muscle spasms. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg, forty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker the Valium was reportedly used for his low back muscle spasms, however, there was insufficient reporting on how much benefit it provided him, functionally. Regardless, there was no spasm noted on the physical examination findings. Also, Valium is not first line therapy for muscle spasm and should not be used chronically. Therefore, considering these factors, the Valium will be considered medically unnecessary. Weaning may be necessary.