

<b>Case Number:</b>	CM15-0108841		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	06/11/2001
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 36 year old male, who sustained an industrial injury on 6/11/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included diagnostics and medications. On 12/04/2014, the injured worker reported worsening back pain. He reported that Flexaril was not working and stated that Valium usually works very well for him, which was then prescribed. His pain was rated 9/10, 4/10 with medication use and 10/10 without. Currently (4/23/2015), the injured worker complains of back pain flare up, rating his pain 9/10, 4/10 with medication use and 10/10 without. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with medications. He was documented as self-procuring the cost of medications due to denials through the insurance carrier. His medication use included Norco, Ibuprofen, and Valium. He continued to work part time driving a tractor for his brother's farm. A narcotic contract was on file and urine drug screens were documented as appropriate. Urine toxicology reports were not submitted. He was given an injection of Toradol and medication refills were requested. Pain levels were consistent for several months, despite continued medications and multiple Toradol injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are low back pain flare-up with left radicular symptoms; disc herniation and facet arthrosis. The documentation shows Valium was first prescribed in a December 4, 2014 progress note in lieu of Flexeril that was not working according to the injured worker. Valium 10 mg was started. Value is not recommended for long-term use (longer than two weeks). Long-term efficacy is unproven and there is a risk of physical and psychological dependence or frank addiction. The most recent progress note dated April 23, 2015 shows the injured worker is still using Valium 10 mg. The injured worker has been purchasing all medications because the insurance companies have denied all medications. The injured worker reports a flare-up of low back pain with the pain score of 9/10. The guidelines do not recommend Valium for long-term use (longer than two weeks). The treating provider exceeded the recommended guidelines by continuing Valium in excess of four months without compelling clinical facts for its use. Additionally, there was no documentation demonstrating objective functional improvement to support ongoing Valium 10 mg. Consequently, absent clinical documentation with evidence of objective functional improvement, subjective functional improvement in excess of the recommended guidelines (not recommended for long-term use (longer than two weeks), Valium 10mg #30 is not medically necessary.