

<b>Case Number:</b>	CM15-0133061		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male, who sustained an industrial injury on 5/8/2004. The mechanism of injury is unclear. The injured worker was diagnosed as having chronic pain, chronic low back pain, failure back surgery syndrome, lumbar degenerative disc disease with radiculopathy. Treatment to date has included medications, back surgery, spinal cord stimulator. The request is for Valium 10mg #120. On 6/19/2015, he complained of low back pain with right lower extremity pain. The provider noted he had missing teeth as a result of methadone use, and that he was now willing to wean down from the methadone. He rated his pain 4-5/10 with medications and 10/10 without medications. He reported that medications keep his pain manageable. He reported having to have help with sponge baths. Medications: Methadone, Valium, Norco, and Lidoderm. His lumbar spine is noted to be 80% restricted. The treatment plan included: continue with heat, ice, rest, gentle stretching and exercise, and refill of medications. He is noted to have been prescribed Valium since at least March 2014, possibly longer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

**Decision rationale:** Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to valium to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity for this request.