

<b>Case Number:</b>	CM15-0134440		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male patient who sustained an industrial injury on 03/26/2003. A recent primary treating office visit dated 06/12/2015 reported the patient with subjective complaint of with continued pain in head, down arms, neck, and leg. He states Valium helps with the spasms and that he cannot take Zanaflex due to severe sedation. The treating diagnoses were: muscle spasms, hand and leg pain, lumbago, abdominal pain unspecified. The plan of care noted continuing with Lyrica, Diazepam. The patient underwent neurologic evaluation on 06/04/2015 which applied the following diagnoses: status post anterior cervical discectomy and fusion C5-6, C6-7; L5-S1 fusion; thoracic spondylosis; genital urinary symptoms; status post left carpal tunnel release; bilateral upper extremity, predominantly hand/finger, pain; and electrical evidence of mild right median neuropathy at the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (Chronic) Chapter under Benzodiazepine.

**Decision rationale:** This patient presents with complaints of pain in head, down arms, neck, and leg. The request is for Valium 10mg #90. The RFA is dated 06/12/15. Treatment history included surgery, physical therapy and medications. The patient's work status was not addressed. ODG guidelines, Chapter on Pain (Chronic), on topic Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than 2 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 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." According to progress report 06/12/2015, the patient presents with complaints of pain in head, down arms, neck, and leg. He states Valium helps with the spasms and that he cannot take Zanaflex due to severe sedation. The treater requests a refill of Valium as "PT can only take valium for muscle spasm." A chart review provided in report 06/04/15 notes that the patient has been prescribed Valium as early as 02/05/14. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the patient has been taking Valium since at least 02/15/14, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested is not medically necessary.