

<b>Case Number:</b>	CM15-0142399		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Arizona, California  
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 35 year old man sustained an industrial injury on 8-22-2014. The mechanism of injury is not detailed. Diagnoses include chronic lumbar discogenic pain, lumbosacral disc protrusion and lumbar radicular syndrome. Treatment has included oral medications. Physician notes dated 6- 25-2015 show complaints of back pain rated 3-5 out of 10. Recommendations include epidural steroid injection with transforaminal approach, Norco, Elavil, Valium, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5mg quantity 30:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of

action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on oral analgesics along with Valium for several months. Long-term use is not indicated and continued use of Valium is not medically necessary.