

<b>Case Number:</b>	CM15-0148478		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 50 year-old female who sustained an industrial injury on 12-27-07. Initial diagnoses and treatments are not available. Current diagnoses include lumbar postlaminectomy syndrome. Diagnostic testing and treatment to date has included CT, MRI, physical therapy, epidural steroid injections, spinal cord stimulator implant, and pain medication management. In a progress note dated 07-30-15, the injured worker complains of pus like drainage from her incision site. The treating provider reports her incision is dry, intact, and edges are well approximated; there is no drainage present, no redness, and no warmth to the touch. Neurologic examination is normal. Current plan of care is to start antibiotics and follow-up in 1 month. Plan of care and medication history does not list Valium. Requested treatments include Valium 5 mg #90. The injured worker is under temporary total disability. Date of Utilization Review: 07-30- 15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #90:** Upheld

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

**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 includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Morphine for pain. There was no justification provided for the use of Valium with a supply of 90 tablets. The request for Valium in such amounts can lead to addiction and side effects such as respiratory depression in combination with Morphine and is not medically necessary.