

<b>Case Number:</b>	CM15-0163407		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/13/2009
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 58 year old male sustained an industrial injury on 4-13-09. Documentation indicated that the injured worker was receiving treatment for ongoing back, neck and knee pain as well as anxiety, stress and insomnia. Previous treatment included left knee arthroscopy times two, physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, injections, bracing and medications. Electromyography and nerve conduction velocity test bilateral upper extremities (8-11-14) was negative for cervical spine or thoracic spine radiculopathy but showed bilateral carpal tunnel syndrome. In the most recent documentation submitted for review, an orthopedic evaluation dated 7-21-15, the injured worker complained of pain to the left knee, thoracic spine, cervical spine and lumbar spine with radiation to bilateral upper and lower extremities. The injured worker rated his pain 6 to 8 out of 10 on the visual analog scale. The injured worker also complained of headaches and cognitive changes as well as a decline in function and activity. Physical exam was remarkable for left knee with 1+ effusion, tenderness to palpation, range of motion degrees to 90 degrees with pain and crepitus and positive McMurray's test, cervical spine, lumbar spine and thoracic spine with tenderness to palpation of the paraspinal musculature with spasms and limited range of motion, decreased sensation at the right C5-7 distribution, 4+ out of 5 left wrist extensor strength, 4 minus out of 5 left wrist flexor strength and no focal neurologic deficit to bilateral lower extremities. The treatment plan included an updated magnetic resonance imaging of the left knee and cervical spine, electromyography and nerve conduction velocity test of bilateral upper extremities, continuing home exercise and medications (Tramadol, Naprosyn Sodium and Protonix). Electromyography

and nerve conduction velocity test of bilateral lower extremities (8-11-15) was normal. On 8-7-15, a request for authorization was submitted for Valium. On 8-19-15, Utilization Review noncertified a request for Valium 5mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Valium 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Benzodiazepine.

**Decision rationale:** The patient was injured on 04/13/09 and presents with back pain, neck pain, and knee pain. The request is for Valium 5 MG #60. The RFA is not provided and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. 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." The patient has a positive McMurray's test and is diagnosed with rule out lumbar sacral radiculopathy, left knee arthropathy, and lumbar paraspinal muscle strain/sprain. 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 treater is requesting for 60 tablets, which indicates long-term use and exceeds the 4 week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium is not medically necessary.