

<b>Case Number:</b>	CM15-0164038		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/24/2015
<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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 64-year-old male, who sustained an industrial injury on June 25, 2009 while working as a retail manager. The injury occurred while the injured worker was lifting a box. The injured worker suddenly developed low back pain radiating to the right lower extremity. The diagnoses have included discogenic lumbar condition from lumbar-two through sacral-one and chronic pain syndrome with associated elements of sleep, stress, depression, anxiety, sexual dysfunction and gastroesophageal reflux disease. Comorbid diagnoses include history of hypertension and diabetes mellitus. Treatment and evaluation to date has included medications, radiological studies, MRI of the lumbar spine, electrodiagnostic studies, injections, physical therapy, chiropractic treatments, home exercise program and a transcutaneous electrical nerve stimulation unit. The injured worker was noted to be permanent and stationary and had not worked since the day of injury. The injured worker was noted to be retired. Current documentation dated July 10, 2015 notes that the injured worker reported persistent low back pain, spasms and stiffness. Medications included Flexeril, Percocet and Valium. The injured workers pain was noted to be unchanged. Examination of the lumbar spine revealed tenderness of the paraspinal muscles, pain along the facets and pain with facet loading. The treating physician's plan of care included requests for Valium 5 mg # 30 and Flexeril 10 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with other sedating medications. In this case, the patient has been taking flexeril for spasms and there is no indication noted for the patient being prescribed Valium. The request for Valium 5 mg #30 is not medically necessary and appropriate.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest an acute injury or significant muscle spasm to warrant the use of this medication given that the patient's injury occurred in 2013. The request for Flexeril 10 mg #60 is not medically appropriate and necessary.