

<b>Case Number:</b>	CM15-0166384		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	02/09/1990
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 71 year old female, who sustained an industrial-work injury on 2-9-90. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar post laminectomy syndrome, status post anterior-posterior fusion L3-4, L4-5, status post cervical fusion, bilateral radiculopathy, implant IT morphine pump and replacement pump 2-12-15, and medication induced gastritis. Treatment to date has included medication and surgery (intrathecal pump replacement) on 2-12-15. Currently, the injured worker complains of ongoing pain to low back that radiated to the bilateral lower extremities limiting mobility and activity tolerance. Medication gave 30-40% benefit. Meds included intrathecal Morphine and Bupivacaine, Norco, Motrin, Neurontin, Trazodone, Xanax, Ambien, and Prilosec. Per the follow up pain management consultation on 7-31-15, exam notes mild to moderate distress, tenderness to palpation to the lumbar musculature with increased muscle rigidity, bilaterally, significantly decreased range of motion in both flexion and extension, minimal tenderness to the right hip with decreased internal rotation, knee has pain to the medial aspect, pain to medial meniscal aspect, and pain in ankles to medial aspect. The cervical musculature reveals tenderness along the posterior cervical musculature bilaterally and increased muscle rigidity to the paraspinal muscles with decreased range of motion. Current plan of care includes refill of infusion pump on 11-5-15, oral medication refill, and return visit in one month. The Request for Authorization date was 7-31-15 and requested service included Valium 10 mg Qty 15. The Utilization Review on 8-12-15 denied the request due to lack of exceptional factors to support the use of Xanax and Valium and it is not indicated for long-term use, per CA MTUS

(California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines.

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

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

**Valium 10 mg Qty 15:** 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:** The claimant has a remote history of a work injury occurring in February 1990 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Current treatments include an intrathecal opioid pump. She underwent replacement of the pump in February 2015. When requested she was being seen for a scheduled pump refill. Physical examination findings included appearing in mild to moderate distress. There was decreased lumbar spine and right hip range of motion. There was knee and ankle pain. She had decreased cervical spine range of motion with increased muscle rigidity. Medications were refilled including Valium, which was being prescribed on a long-term basis. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may cause increased anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.