

<b>Case Number:</b>	CM15-0167972		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/23/2005
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: North Carolina

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 54 year old female, who sustained an industrial injury on August 23, 2005, incurring upper and lower back injuries. She was diagnosed with cervical disc disease and lumbar disc disease. On April 8, 2009 she underwent a cervical discectomy and fusion and on April 28, 2015, she underwent a lumbosacral fusion with decompression. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, antidepressants, aquatic therapy, physical therapy post-operative and thoracic, lumbar back brace. She was made temporarily totally disabled. Currently, the injured worker complained of ongoing neck and back pain rating her pain 8 out of 10 and at best 4 out of 10 on a pain scale from 1 to 10 with medications and 10 out of 10 without pain medications. She was noted to have limited range of motion of her cervical neck and decreased sensation of her leg and foot and frequent muscle spasms of the lumbar region. The treatment plan that was requested for authorization on August 26, 2015, included a prescription for Valium 10mg, #30. On July 29, 2015, a request for a prescription for Valium was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of valium 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.