

<b>Case Number:</b>	CM15-0188238		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	05/10/1993
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, 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 50 year old male who sustained an industrial injury on 5-10-93. A review of the medical records indicates he is undergoing treatment for stenosis at L1-2 and L2-3, arthrodesis at L1 to the sacrum, and degenerative disks at L1-2 and L2-3. Medical records (3-20-15, 6-19-15, and 7-1-15) indicate ongoing complaints of back and leg pain. The physical exam (7-1-15) reveals numbness "from the going distally" and "normal" strength. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included Medications. His medications include Dilaudid, Valium, Phenergan, Norco, and Flexeril. He has been receiving Valium since, at least, 2-15-13. He is not working. The utilization review includes a request for authorization of Valium 10mg #45 with 2 refills. The request was modified to a quantity of 34.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #45 with 2 refills:** 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:** In this case, the date of injury was 22 years ago and the patient complains of ongoing back and leg pain. The request is for chronic use of Valium. CA MTUS Guidelines state that benzodiazepines like Valium are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly when combined with opioids, as in this case (Dilaudid, Norco). Valium is utilized as an anxiolytic, however there is no evidence of anxiety being treated in this case. The available medical records do not support the use of Valium; therefore, the request is not medically necessary or appropriate.