

<b>Case Number:</b>	CM15-0190105		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/09/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female injured worker suffered an industrial injury on 8-9-2002. The diagnoses included lumbar fusion. On 9-16-2015 the treating provider reported she continued to do well in the healing process from surgery. She was still taking Valium which helps both with the Norco weaning process and with spasms and right leg pain. On exam she was no longer using the lumbar brace. The provider stated the plan was to further wean the Norco. She had been on Valium for spasms at least since 3-31-2015. The Utilization Review on 9-23-2015 determined modification for Valium 10 mg Qty 60 to #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg Qty 60 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines.

**Decision rationale:** The injured worker sustained a work related injury on 8-9-2002. The medical records provided indicate the diagnosis of lumbar fusion. Treatments have included Spinal surgery, Norco, and Valium. The medical records provided for review do not indicate a medical necessity for Valium 10 mg Qty 60 with 2 refills. Valium is a Benzodiazepam. The MTUS and the Official Disability Guidelines recommends against the use of the benzodiazepines for longer than 2-4 weeks because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Therefore the request is not medically necessary.