

<b>Case Number:</b>	CM15-0201170		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/06/1996
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Montana

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 injured worker is a 66 year old male, who sustained an industrial injury on 10-09-2015. A review of the medical records indicates that the worker is undergoing treatment for post-laminectomy syndrome of the lumbar spine, multilevel lumbar degenerative disc disease with mild stenosis, multilevel lumbar spondylosis with foraminal stenosis, neurogenic claudication, bilateral degenerative disease in the hips, chronic pain syndrome, status post sacroiliac joint arthrodesis and Type II diabetes mellitus. Subjective complaints (07-17-2015) included bilateral hip and leg pain with some upper extremity symptoms that were noted as being unchanged except for hip pain which was getting worse. No objective findings were documented. Subjective complaints (08-21-2015) included back, bilateral hip, leg, neck and arm pain that was noted to be the same or worse than the last visit. Objective findings (08-21-2015) included complaints of severe hip pain bilaterally, which radiated to the thighs, limited passive range of motion of the hip bilaterally and knee and ankle jerks of 1+. Subjective complaints (09-18-2015) included unchanged back and bilateral hip pain and unchanged physical examination. There was no documentation as to the effectiveness of Diazepam at relieving pain or spasm or improving function. Treatment has included Diazepam (since 05-19-2015) for spasm, MS Contin and Oxycodone. A utilization review dated 10-09-2015 non-certified a request for Diazepam 10 mg #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #90 with 3 refills: Upheld**

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

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

**Decision rationale:** Diazepam (Valium) is a benzodiazepine type of medication. The MTUS states that benzodiazepines are not 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 and anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the medical records show that Valium (diazepam) has been used since 5-19-15 without documentation of efficacy. As such, the long-term use of Valium is not consistent with the MTUS guidelines which note that it is not recommended for long-term use and generally limits use to approximately 4 weeks. The request for Valium 10mg #90 with 3 refills is not medically necessary.