

<b>Case Number:</b>	CM15-0209152		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, California

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:

This is a 61 year old male patient, who sustained an industrial injury on 10-31-12. He sustained the injury when he was rear ended. The diagnoses include moderate degenerative disc and facet disease with stenosis at C5-6 and C6-7, lumbar degeneration at L1-S1 worse at L4-S1, and disc bulges and foraminal stenosis at L3-S1. Per the doctor's note dated 9-30-15, he had complaints of low back pain with radiation to the lower extremities. Physical examination revealed tenderness to palpation in the posterior lumbar region, restricted range of motion by approximately 50% with myospasms in the posterior lumbar region. The medications list includes norco and valium. The patient had been taking Valium since at least July 2015. He had a cervical MRI on 4/25/13 and lumbar MRI on 2/3/2015; EMG/NCS dated 3/12/15 which revealed moderate bilateral L5 and S1 sensory radiculopathy. Treatment to date has included physical therapy, use of a lumbar brace, and medication including Norco and Valium. On 9-30-15 the treating physician requested authorization for Valium 10mg #120. On 10-15-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #120:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15) Benzodiazepine.

**Decision rationale:** Valium 10mg #120. Valium contains diazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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....long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD)...Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed history regarding insomnia and anxiety is not specified in the records provided. Response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Valium 10mg #120 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the requested treatment is not medically necessary.