

<b>Case Number:</b>	CM15-0211435		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male, who sustained an industrial injury on 8-24-2005. The injured worker is undergoing treatment for: failed back surgery syndrome, right sacroiliac joint pain, and right lower extremity pain. On 7-14-15, he reported low back and bilateral leg pain rated 5 out of 10 with previous visit pain rating noted as 8 out of 10. On 8-25-15, he reported low back and bilateral leg pain rated 8 out of 10 with his pain reported at his last visit as 5 out of 10. He indicated he had radiation of pain down the right leg, and reported pain in the hips and buttocks to be "especially bad". Valium is noted to be used for muscle spasm. He indicated with medications he can do activities of daily living including errands, sit, and stand and walk longer. He is noted to have an opiate contract and not exhibiting aberrant behavior. Physical examination revealed tenderness over the lumbar where his hardware is located, "discomfort" with range of motion of the lumbar spine, tenderness at the bilateral sacroiliac joints and trochanters, positive fabers test, restricted abduction and distraction testing with reproducible sacroiliac joint pain, positive right straight leg raise testing. There is no discussion of hypertonicity or spasm in physical examination. The treatment and diagnostic testing to date has included: medications, AME (10-29-08), right sacroiliac joint and right greater trochanter injection (12-5-11). Medications have included: Valium, Hydrocodone, Cymbalta, Oxycodone, Effexor, Wellbutrin, Flector patch. The records indicate he has been utilizing Valium since at least November 2012, possibly longer. Current work status: disabled. The request for authorization is for: Valium 10mg quantity 90. The UR dated 10-15-2015: modified certification of Valium 10mg quantity 22.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #90:** 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:** The claimant sustained a work injury in August 2005 when he had low back pain as he was lifting a heavy toilet weighting over 100 pounds. He underwent surgery twice with an L5/S1 fusion in July 2007 with only partial relief. He continues to be treated for persistent right lower extremity radiating pain and secondary depression and somatic pain disorder. When seen, medications were Effexor, Valium, oxycodone, and Flexeril. There was bilateral lumbar tenderness. He had gait favoring his right side. There was mild bilateral trochanteric bursa tenderness. There was negative straight leg raising and Fabere testing. A hardware block was planned. Medications were refilled. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. 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. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. In this case, there is no indication for this medication. Flexeril is being prescribed and a second muscle relaxant is duplicative. Continued prescribing is not medically necessary.