

<b>Case Number:</b>	CM15-0043199		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/06/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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  
 Certification(s)/Specialty: Emergency 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 62-year-old male who reported an injury on 10/06/2003. The mechanism of injury was not stated. The current diagnoses include history of lumbar discectomy in 07/2004, chronic low back and lower extremity pain, status post left shoulder surgery on 06/22/2009, depression secondary to chronic pain, and positive peripheral neuropathy. The injured worker presented on 02/12/2015 for a follow up evaluation regarding low back pain and left shoulder pain. The injured worker reported an improvement in symptoms with aquatic therapy. It was also noted that the injured worker indicated many years ago he was utilizing Valium as a muscle relaxant at night, which provided a relief of symptoms. The injured worker was utilizing Zanaflex without relief of symptoms. In addition, the injured worker utilized Norco, Paxil, Prilosec, Ambien, and Biofreeze. There was no physical examination provided with the exception of the provider's mention of a mildly antalgic gait. Recommendations at that time included a prescription for Norco 10/325 mg, Valium 10 mg, and a 12 month gym membership. A Request for Authorization form was then submitted on 02/24/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. In this case, it was noted that the injured worker had utilized Valium in the past for muscle spasm. However, there was no evidence of palpable muscle spasm upon examination. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.