

<b>Case Number:</b>	CM15-0052211		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/16/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: 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 68 year old female, who sustained an industrial injury on 1/16/14. The diagnoses have included lumbar degenerative disc disease (DDD), generalized osteoarthritis and depression. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and injections. Currently, as per the physician progress note dated 2/12/15, the injured worker complains of low back pain, hip pain and leg pain. She is having difficulty ambulating and weight bearing due to severe pain on the left side. She reports constant shooting, burning pain in the low back. She also reports back pain, muscle pain, muscle weakness, fatigue, difficulty sleeping and feeling depressed. The physical exam reveals decreased lumbar spine range of motion with pain, left hip movement is restricted in range and results in reproduction of her left pain. There is antalgic gait with difficulty weight bearing on the left foot. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and lefty hip x-ray. The current medications included Norco and Diazepam. There is no previous urine drug screen noted in the records. The physician requested treatment included Diazepam 5 mg thirty count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 5 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the 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. 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." Within the documentation available for review, the patient was given diazepam for muscle spasm since at least 2/2015. However, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.