

<b>Case Number:</b>	CM15-0060752		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29-year-old male, who sustained an industrial injury on March 10, 2014. He reported low back pain with radiating pain, tingling and numbness to the ankle. The injured worker was diagnosed as having low back pain due to degenerative disc disease, lumbar radiculopathy, status post lumbar transforaminal epidural steroid injection with status post allergic reaction to the injection and previous allergic reaction to steroid dose pack. Treatment to date has included diagnostic studies, epidural injections, oral steroids, pain medications and work restrictions. Currently, the injured worker complains of low back pain with radiating pain, tingling and numbness to the ankle. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 15, 2015, revealed continued pain. Valium was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #60 with 3 refills:** 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:** Valium 5mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Valium longer than the recommended 4-week period. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations. The request for Valium is not medically necessary.