

<b>Case Number:</b>	CM15-0085537		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/01/1991
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 56 year old female, who sustained an industrial injury on 10/1/1991. She reported low back pain. The injured worker was diagnosed as having lumbar strain with aggravation of degenerative disc disease. Treatment to date has included medications, and massage. The request is for Valium. On 9/30/2014, she complained of low back pain. She rated her pain as 5/10, and indicated it is made better with rest. She reported taking an occasional Valium for muscle spasms. The treatment plan included: massage and Valium. On 4/7/2015, she reported no changes from six months prior. She continued to indicate massage helps with her pain. The record does not indicate the pain level. The treatment plan included: Valium, Actonel, and massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 60. Decision based on Non-MTUS Citation Physician's Desk Reference.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short term use due to high tolerance and side effects. Patient has been on this chronically for muscle pains. Chronic use of is not recommended and total number of tablets are not consistent with weaning. Valium is not medically necessary.