

<b>Case Number:</b>	CM15-0085938		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Internal Medicine, Rheumatology

### 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 44-year-old male, with a reported date of injury of 10/28/2008. The diagnoses include low back pain, right knee injury, status post left ankle surgery, low back pain disc protrusion, right knee internal derangement. Treatments to date have included an MRI of the lumbar spine, x-rays of the lumbar spine, and oral medication. The progress report dated 03/02/2015 indicates that the injured worker continued to complain of right knee, left ankle, and low back pain. He stated that his pain remained the same with no changes since the last follow-up appointment. The injured worker was considering lumbar surgery. It was noted that it seemed that the injured worker was getting a bit of intolerance with the pain medication Norco 10/325mg. He had moderate limitations with standing, severe to moderate limitations with walking, slight limitations with sitting, and severe limitations with chores. The injured worker was unable to work. The objective findings include an antalgic gait, a well-healed left ankle surgical scar, decreased lumbar range of motion with pain to palpation at L4-5 and L5-S1. The injured worker had ongoing low back with lumbar disc protrusion, right knee internal derangement and status post left ankle surgery. The progress report dated 04/01/2015 indicates that the injured worker continued to complain of left heel, right knee, and low back pain. He stated that his pain had remained the same since the last follow-up visit with no improvement. He has seen the surgeon for surgical consultation of the lumbar spine. The injured worker had not been able to return to work. He had slight limitations with prolonged sitting, moderate limitations with standing and walking for a period of time, and severe limitations with completing household chores. The injured worker was unable to return to work due to his pain.

The objective findings include decreased lumbar spine range of motion with pain to palpation at L4-5 and L5-S1. He was purposing reconstruction at L4 and L4 and L5-S1 levels with correction of scoliosis with a fusion. There was no documentation of pain ratings. The treating physician requested Norco 10/325mg #120 and Valium 10mg #90.

### **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 Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** This 44 year old male has complained of low back pain, left ankle pain and right knee pain since date of injury 10/28/08. He has been treated with physical therapy, surgery and medications to include Valium since at least 12/2014. The current request is for Valium. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Valium is not indicated as medically necessary in this patient.