

<b>Case Number:</b>	CM14-0128068		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year-old male who was reportedly injured on July 28, 2009. The mechanism of injury is noted as attempting to catch a "dirt tamper". The most recent progress note dated June 5, 2014, indicates that there are ongoing complaints of back pain. The physical examination was not reported. However, no changes noted. Diagnostic imaging studies did not report any pathology. Previous treatment includes multiple medications and pain management interventions. A request was made for diazepam and was not certified in the pre-authorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg # 30:** 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:** California Medical Treatment Utilization Schedule guidelines do not support benzodiazepines (Valium) for long-term use because long-term efficacy is unproven and

there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.