

<b>Case Number:</b>	CM14-0128755		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 69-year-old male with a 3/18/02 date of injury. At the time (8/7/14) of request for authorization for Valium 5 mg po bid #60, there is documentation of subjective (low back pain that radiates down both legs) and objective (positive straight leg raise bilaterally, severe decreased range of motion of the lumbar spine due to pain, moderate to severe tenderness to palpation bilateral lumbar paraspinals musculature) findings, current diagnoses (post laminectomy syndrome lumbar, lumbar spinal stenosis, and lumbar degenerative disc disease), and treatment to date (medications (including ongoing use of Valium since at least 2/14)). A 7/18/14 medical report identifies that diazepam helps with muscle spasms. There is no documentation of an intention for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg po bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome lumbar, lumbar spinal stenosis, and lumbar degenerative disc disease. However, given medical records reflecting prescription for Valium since at least 2/14, there is no documentation of an intention for short-term treatment. In addition, despite documentation that Valium helps with muscle spasms, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 5 mg po bid #60 is not medically necessary.