

<b>Case Number:</b>	CM14-0137427		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 12/08/1997. The patient has the diagnoses of status post crush injury to the left leg with subsequent open reduction and internal fixation, complex regional pain syndrome type 2, flexion contracture of digits 1-3 and ankle and right lower extremity, lumbar sprain/strain with degenerative disc disease, plantar fasciitis of the right foot and severe equinus deformity secondary to contracture as a result of complex regional pain syndrome. Per the progress notes provided by the primary treating physician dated 09/03/2014, the patient had complaints of sever back pain that radiates to the buttocks, right leg pain and neck pain. The physical exam noted thoracolumbar tenderness and spasm on the right side, tenderness in the right calf and tenderness over the facet joints. Treatment plan included delaying radiofrequency ablation do the patient's flare up of back pain, a request for a motorized scooter, a functional capacity evaluation, a request for home health and refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg, #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 68.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The long-term use of this medication is not supported per the California MTUS. Previous utilization reviews have recommended the discontinuation and weaning of these medications. In a progress note from the treating physician in February, there is mention of weaning off the Valium but to date that has not occurred and the amount prescribed/used has not decreased. There is no supplied documentation of why the continued use of this medication would be needed over guideline recommendations. For these reasons the request of Valium 10 mg, #40 is not medically necessary and appropriate.