

<b>Case Number:</b>	CM14-0160026		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine, 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:

This is a 55-year-old female with an 8/17/12 date of injury. The mechanism of injury occurred when the patient discovered mold on the bottom side of a mat and experienced a severe headache and dizziness. According to a progress report dated 7/10/14, the patient complained of respiratory difficulties. She saw a neurologist for continuous dizziness. The patient was given a prescription for Valium 5mg #60 to be taken as directed. Objective findings: alert and oriented, no apparent distress. Diagnostic impression: respiratory difficulties. Treatment to date: medication management, activity modification. A UR decision dated 8/27/14 denied the request for Valium. There is no explanation as to why this medication was prescribed. Its use is not supported by the notes reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg #60:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, according to the records reviewed, this patient has been taking Valium since at least 11/20/13, if not earlier. Guidelines do not support the long-term use of benzodiazepine medications. In addition, a specific rationale as to why Valium was prescribed for this patient was not provided. Therefore, the request for Valium 5mg #60 is not medically necessary.