

<b>Case Number:</b>	CM14-0093173		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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:

The injured worker is a 51 year old female who sustained an injury on 02/05/08 due to repetitive kneeling and bending. The injured worker has been treated with medications to include Vicodin, Cymbalta, and Valium. The injured worker had persistent complaints of pain in the knee as well as concurrent depression secondary to chronic pain. As of 05/16/14 the injured worker continued to report pain even with medications. The physical exam noted tenderness to palpation in the lumbar paraspinal musculature. There was also tenderness to palpation over the lumbar facets. Prior utilization review denied a request for Valium 5mg tablet quantity 60 refill 1 on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg tablet quantity 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

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

**Decision rationale:** In regards to the use of Valium 5mg quantity 60 with one refill, this reviewer would not have recommended this medication as medically necessary based on the

clinical documentation provided for review and current evidence based guideline recommendations. Chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication.