

<b>Case Number:</b>	CM14-0213626		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	10/02/1987
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 59-year-old man with a date of injury of December 2, 1987. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are arthrodesis status; degeneration of the thoracic or lumbar intervertebral disc; degeneration of cervical intervertebral disc; cervical radiculopathy; and enthesopathy of unspecified site. The IW has undergone a two-level cervical fusion, and a two-level lumbar fusion Pursuant to the progress report dated November 25, 2014, the IW complains of significant limitations in lifting his right and left arm. He has tightness and gripping sensation at the cervicothoracic junctions. The IW is able to ambulate and is not finding any significant weakness in his lower extremities. Objectively, there is tenderness at the cervicothoracic junction. He also has tenderness along the right shoulder and into the biceps. He has limited capacity for flexion and abduction on the right shoulder as well as the left. The IW was treated with gentle traction and articular techniques to the cervical spine and right shoulder during the office visit. The IW was recently approved for an MRI of the cervical spine, which he will schedule. The treating physician provided medication refills. Current medications include OxyContin 80mg, Promethazine 25mg, Valium 10mg, and Oxycodone 30mg. The earliest progress note in the medical record dated September 13, 2012 indicates the IW was taking Valium 10mg. However, in a progress note dated July 9, 2014, the treating physician documents the IW has been on the same amount of medications for 5 years. There is no evidence of objective functional improvement associated with the ongoing use of Valium 10mg. The current request is for Valium 10mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Valium 10mg #60.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Valium 10 mg #60 with 1 refill. Benzodiazepines are not recommended long-term use (longer than two weeks) because long-term efficacy of unproven and it was a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are arthrodesis; degeneration of thoracic or lumbar intervertebral disc; degeneration of cervical intervertebral disc; cervical radiculopathy; and enthesopathy of unspecified site. The documentation in the medical record indicates Valium was prescribed as far back as September 13, 2012. An additional note dated July 9 of 2014 indicates the injured worker was taking these medicines for at least five years. The medical documentation does not contain any clinical rationale for the use of Valium nor was there a clinical indication. There is no evidence of objective functional improvement. The treating physician exceeded the recommended guidelines by treating with Valium as far back as September 2012. The guidelines do not recommend long-term use (longer than two weeks). Consequently, absent clinical documentation to support the ongoing use of Valium in contravention of the recommended guidelines (not recommended for long-term use, longer than two weeks) and evidence of objective functional improvement, one prescription Valium 10 mg #60 with one refill is not medically necessary.