

<b>Case Number:</b>	CM15-0010494		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male who sustained an industrial injury on 08/04/2013 when the dozer he was driving hit a tree. He has reported persistent back and leg pain. The diagnoses have included L5-S1 disc herniation with repair in January 2010, and a re-do of the procedure in October 2013. The IW had an epidural injection for relief of radicular pain 6/18/2014 and again on 12/03/2014. Treatment to date has included pain medications, a L5-S1 discectomy on the left, a TENS (Transcutaneous Electrical Nerve Stimulation) unit, epidural steroid injections, physical therapy and a personal trainer for independent strengthening and stretching program. Currently, the IW complains of back pain and persisted leg pain rated at a 6/10 at the office visit of 12/29/2014. The IW has neuropathic pain in his left leg due to scarring around the S1 nerve root. On 01/09/2015 Utilization Review non-certified a request for Valium 10mg tablets, QTY: 120, noting that benzodiazepines were not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The MTUS, Chronic Pain Guidelines, Benzodiazepines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg tablets, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

**Decision rationale:** Per the 12/29/14 report the patient presents with disabling back and radicular pain down the left leg s/p spine operations X 2. The current request is for VALIUM 10mg TABLETS, QTY: 120 Benzodiazepine--per the 11/18/14 RFA. The patient is retired. MTUS, Benzodiazepines, page 24 states, "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."The 12/29/14 report states this medication is for pain and muscle spasms and that the treater was upset that use had been cut back from 4/day to 2/day. It is unclear how long the patient has been prescribed Valium. The two treatment reports provided for review show the medication has been prescribed from at least 11/18/14 to 12/29/14. Guidelines state this medication is not recommended for long term use, and the treater does not document that use is short term. In this case, the request IS NOT medically necessary.