

<b>Case Number:</b>	CM15-0016865		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 59 year old male, who sustained an industrial injury, April 21, 2003 and the second injury was June 9, 2003. According to progress note of January 15, 2015, the injured workers chief complaint was right shoulder pain that radiates down the right upper extremity. The injured worker rates pain at 7-8 out of 10 with pain medication and 8-10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker also had low back pain and bilateral knee pain. The physical exam noted tenderness of the paravertebral muscles bilaterally. The injured worker was diagnosed with Type II slap tear of the superior labrum of the right shoulder, AC joint arthritis of the right shoulder, type II acromion with impingement syndrome right shoulder, spondylolisthesis L4-L5, status post bilateral knee arthroscopy for chondromalacia and meniscectomies, bilateral knee joint degenerative joint disease, status post Synvisc injections, L4-L5 stenosis and lumbar radiculopathy. The injured worker previously received the following treatments Norco and Celebrex for pain, Flexeril, urine toxicity screening and arthroscopic surgery of the shoulder. According to the current medication list of January 8, 2015, the injured worker was taking Celebrex and Norco. The primary treating physician requested a prescription for Valium 10mg #60. On January 26, 2015, the UR denied authorization for a prescription for Valium 10mg #60. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #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:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain including chronic low back pain. Valium (diazepam) is a benzodiazepine which is not recommended for long term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of Valium was not medically necessary.