

<b>Case Number:</b>	CM15-0117328		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 47 year old male, who sustained an industrial injury on December 15, 2005, incurring upper and lower spine and shoulder injuries. He was diagnosed with cervical degenerative arthritis, rotator cuff tendinitis and bursitis and lumbar degenerative disc disease and lumbar radiculopathy. Treatment included weight reduction program, pain medications, anti-inflammatory drugs, antianxiety medications, antidepressants and work restrictions and modifications. Currently, the injured worker complained of continued chronic depression, anxiety and stress about his physical condition. He was diagnosed with recurrent major depressive disorder. He reported continued migraines, difficulty remembering things and frustration with persistent pain and limitations. He complained of continued cervical, lumbar and bilateral shoulder pain, stiffness and spasms, right leg pain and paresthesia, and difficulty with prolonged sitting, standing and walking. The treatment plan that was requested for authorization included a prescription for Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): (s) 24, 124.

**Decision rationale:** MTUS states Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Valium 5 mg twice daily as needed on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for ongoing use of Valium is not clinically indicated. Thus, the request for Valium 5mg #45 is not medically necessary.