

<b>Case Number:</b>	CM15-0118730		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/31/1998
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, 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 is a 60 year old male who sustained an industrial injury on 3/31/98. He had complaints of low back pain. Pain management progress report dated 2/10/15 reports continued low back pain that radiates to both legs with weakness. The spinal cord simulator gives 70% relief. Medications include methadone, Tramadol, lidoderm, Valium, neurontin. Long term use of pain medications is anticipated. Progress report dated 5/20/15 reports complaints of constant pain in right leg, both hips and rib pain. Diagnoses include chronic lumbar radiculopathy, progressive, and lumbar post laminectomy syndrome. Treatment plan includes refill medications, weight loss program, home exercise program, NSAIDs/ice, replace battery for simulator and await CT scan of lower spine. Medications unchanged except the addition omeprazole. Follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

**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, Valium 10 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are chronic lumbar radiculopathy progressive; and lumbar post laminectomy syndrome. Valium is not recommended for long-term use (longer than two weeks). The date of injury is March 3, 1998. The request for authorization is May 21, 2015. The earliest progress note in the medical record containing a Valium 10 mg TID prescription is dated November 6, 2014. The start date is unspecified based on the documentation available for review. The injured worker's current medications include Neurontin, methadone and tramadol. The treating provider anticipates long-term use of all medications. Urine drug screen dated March 10, 2015 was inconsistent and positive for cannabis. The most recent progress note is handwritten and dated May 20, 2015. The injured worker's current medications still include Valium 10 mg TID. The treating provider has continued Valium 10mg in excess of six months. There is no compelling clinical documentation to support the ongoing use of Valium contrary to the recommended guidelines. There is no documentation demonstrating objective functional improvement to support ongoing Valium. Based on the medical information in the medical record and the peer-reviewed evidence-based guidelines, Valium 10 mg #90 is not medically necessary.