

<b>Case Number:</b>	CM15-0126990		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	03/10/2000
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Pain Management, Occupational 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:

This 65 year old female sustained an industrial injury on 3/10/2000. She subsequently reported back, neck and shoulder pain. Diagnoses include lumbosacral neuritis, lumbar disc protrusions and epidural fibrosis. Treatments to date include back surgery and prescription pain medications. The injured worker continues to experience neck pain that radiates to the shoulders and arms. Upon examination, there is tenderness to palpation to the lumbar spine. Range of motion is reduced. A request for Diazepam 10mg #30 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Health Chapter.

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

**Decision rationale:** MTUS 2009 recommends against the sustained use of benzodiazepines since their use can result in dependence and long-term efficacy has not been established. The patient is prescribed Valium to promote somnolence but it has been used in a manner that does not adhere to evidence based guidelines. There is no explanation in the medical records for why sustained use of diazepam should be provided to treat insomnia in this case. This request for Valium is not medically necessary.