

<b>Case Number:</b>	CM15-0174646		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 is a 51 year old male, who sustained an industrial injury on 06-13-2013. He has reported subsequent neck and upper extremity pain and was diagnosed with status post C5-C6 disc replacement, improving radiculopathy and radiculitis, improving neck pain and left shoulder rotator cuff, improving postoperatively from prior shoulder surgery. MRI of the cervical spine dated 06-28-2013 showed significant disc protrusion with narrowing of the disc space and spinal cord impingement and displacement of the thecal sac at C5-C6 causing significant left-sided cord compression, mild disc bulge at C4-C5. X-rays of flexion and extension dated 03-11-2015 showed excellent alignment of implants with no complications. Treatment to date has included oral pain medication, bracing, physical therapy, steroid injection of the shoulder and C5-C6 disc replacement on 09-30-2014. The injured worker was noted to have a sensitivity to steroid shots including a significant increase in blood sugar but was noted to have good post-operative progress following C5-C6 disc replacement. In a progress note dated 07-30-2015 the physician states "overall, the patient has had significant improvement. He has finished physical therapy and this was helpful." The physician noted that the injured worker took Valium for muscle spasms and advised the injured worker to reduce that and to wean him over the next three months. Objective examination findings showed decreased pain to palpation of the cervical spine, limited range of motion of the cervical spine secondary to pain, improved bilateral motor strength of the brachioradialis and grip strength in the left upper extremity and improved left C6 distribution numbness. The physician noted that as of Monday, the injured worker could start full duty with no restrictions. The physician noted that Valium was being requested for use for severe muscle spasms only and advised the injured worker that the medication should be completely discontinued in the next three months due to the habit forming nature of the drug. A request for

authorization of Valium 5 mg #20 was submitted. At utilization review (08-07-2015), the request for Valium 5 mg every 12 hours quantity of 20 was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Valium 5mg #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Benzodiazepine.

**Decision rationale:** Based on the 7/30/15 progress report provided by the treating physician, this patient presents with significantly improved neck pain and improved radicular pain. The treater has asked for Valium 5mg #20 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical MRI, cervical X-rays, and is s/p C5-6 disc replacement surgery from 9/30/14 with good relief of upper extremity symptoms and improving neck pain per 7/30/15 report. The patient is s/p bracing of the neck, anti-inflammatories, activity modification, and physical therapy for the neck per 7/30/15 report. The patient still requires Norco and Valium for spasms, and is currently being asked to alternate between Tramadol and Norco until weaned off all medications completely in 3 months. The patient's work status is "full duty with no restrictions as of [next] Monday" per 7/30/15 report. ODG guidelines, Pain (Chronic) Chapter, under Benzodiazepine states: "Not recommended for long-term use (longer than 2 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 4 weeks." MTUS guidelines, page 24, states "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient is currently taking Valium but records do not indicate its initiation date. ODG guidelines recommend against the use Valium for more than 4 weeks and MTUS does not allow benzodiazepine for long-term use. In this case, the treater is requesting for 20 tablets and states that Valium should be weaned off in the next 3 months. The request does not indicate short-term use and in conjunction with prior usage, exceeds the 4-week limit as indicated by both MTUS and ODG guidelines. Therefore, the requested Valium is not medically necessary.