

<b>Case Number:</b>	CM15-0176080		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	02/24/2004
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on February 24, 2004 and reported left sided neck and left upper extremity pain. The injured worker is diagnosed as having cervical spondylosis with stenosis. His work status is total temporary disability. Currently, the injured worker complains of left sided neck pain that radiates to the left trapezius and left tricipital region. He experiences periodic numbness and tingling in both hands (left greater than right). He reports frequent nighttime waking due to pain and increased pain with upward gaze and head rotation (left greater than right). He reports his pain is 10 on 10 without medication and is reduced to 7-10 on 10 with medication (previous pain rating with medication of 8 on 10 in March 2015). He reports he can tolerate engaging in activities for one hour with a maximum of two hours due to daily severe pain. Norco and Avinza relieve pain and enables him to engage in activities of daily living. He reports he no longer socializes and he lies in bed to rest his cervical spine. Physical examinations dated March 18, 2015-June 17, 2015 reveal paracervical areas are tender to palpation (left greater than right) as is the left trapezius. Mild muscle spasms are noted at C5-C7 paraspinals, and cervical range of motion is decreased. Strength testing is within normal limits bilaterally, impingement and supraspinatus isolation, shoulder apprehension and bicipital tendonitis tests are all negative. The Tinel's sign is positive at the level of the cubital tunnel of the left elbow and the medial epicondylar region is tender to palpation. Per physician note dated June 17, 2015 a cervical spine MRI "fails to confirm a solid fusion at C3-C4 and identifies intervertebral disc bulging at C4-C5 and C6-C7. Treatment to date has included surgical intervention; C5-C6 fusion (2005), C5-C6 revision anterior interbody

fusion (2006), C3-C4 fusion and discectomy (2013), MRI, cervical spine CT scan, electrodiagnostic studies and medications (Norco, Avinza, Temazepam). A request for Valium 10 mg #60 was modified to #13 for weaning, as Valium is not recommended for use to treat muscle spasms due to "rapid development of tolerance and dependence" and guidelines do not recommend Valium for long-term use (greater than two weeks), per Utilization Review letter dated August 28, 2015.

### **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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (chronic) Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was given Valium for muscle spasms. Frequency of dosing was not specified. The claimant was on Temazepam (another Benzodiazepine) in the past. Long-term use is not indicated. The Valium is not medically necessary.