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| <b>Case Number:</b>   | CM15-0028010 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 02/01/2001 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 53 year old male who sustained a work related injury on February 1, 2001, when he fell on a slippery floor. He sustained multiple injuries to his knees and hips. Treatment included medications, physical therapy, aquatic therapy and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. He had a left total hip replacement in 2003 and a right total hip replacement in 2004. Currently, in January, 2015, the injured worker complains of ongoing low back pain and right hip pain Magnetic Resonance Imaging (MRI) revealed bilateral pseudo tumor right worse than left. On January 22, 2015, a request for one prescription for Valium 10 mg, Quantity of 30 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10 mg QTY: 30.00:** Upheld

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

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

**Decision rationale:** Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on Valium since at least 7/14, far in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Valium. The request Valium 10mg #15 is in excess of the guidelines. As such, the request for Valium C IV Tablets 10mg Quantity 30 is not medically necessary.