

<b>Case Number:</b>	CM15-0066709		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 70 year old male who sustained an industrial injury on 07/16/2002. Current diagnoses include cervical spine strain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, cervicgia, and sciatica. Previous treatments included medication management, physical therapy, injections, and home exercise program. Previous diagnostic studies included x-rays of the lumbar spine, lumbar CT scan, and cervical CT scan. Report dated 02/02/2015 noted that the injured worker presented with complaints that included continued neck pain with radiation to the bilateral upper extremities with numbness and associated cramping into the bilateral upper extremities and into the fingers. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). The injured worker noted that the Valium helps with muscle spasms and anxiety. Physical examination was positive for abnormal findings. The treatment plan included medication reviewed, recommendation for a trial of Baclofen instead of Valium as well as Tramadol in place of Norco, injured worker deferred recommendations, and request for physical therapy. Disputed treatments include 45 tablets of Valium 10mg (90 day supply).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg quantity 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines: 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. The documentation submitted for review indicates that the injured worker has been using this medication long term. As the treatment is not recommended for long term use, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.