

<b>Case Number:</b>	CM15-0073596		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/13/1998
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Emergency 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:

The injured worker is a 62 year old male who sustained a work related injury January 13, 1998. While on top of a 20 foot ladder, a boom swung around and knocked the ladder over and he fell, landing on his left side. Reported injuries included a fractured left hip, resulting in a left hip replacement in 1998, and compound left elbow fracture with multiple surgeries, four fractured ribs on the left, fractured left collarbone, nasal bone fracture, and back injury. According to a primary treating physician's progress report, dated February 26, 2015, the injured worker presented for follow-up and refills of medication. He continues to struggle with back pain and also complains of right knee pain. His back recently went out and he fell down on his right knee. Over the course of care he was treated with radiofrequency ablation in 2012 and radiofrequency denervation in 2014. Current medication included Norco, Valium and Tizanidine Hydrochloride. The right knee reveals mild swelling and tenderness but good range of motion. Assessment is documented as chronic back pain. At issue, is a request for authorization for Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Valium 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. Patient has back spasms and anxiety/depression but is unclear if patient is taking it for pain or psychiatric issues. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets are not appropriate for intermittent use but chronic persistent use. Valium is not medically necessary.