

<b>Case Number:</b>	CM15-0099482		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 63 year old female who sustained an industrial injury on 12/01/2003. Current diagnoses include major depressive disorder. Previous treatments included medications, surgical intervention, and psychiatric/psychological evaluation and treatment. Previous diagnostic studies included urine drug screening. Initial injuries occurred to the low back when she was playing musical chairs with her students. Report dated 04/08/2015 noted that the injured worker presented with complaints that included more good days than bad, tension at home. The injured worker stated that she wanted to be able to go out dancing or bowling, but she has to watch because of her back. Level of function was rated as 5 or 6 out of 10. Physical examination was not included. The treatment plan included prescribing sertraline, valium, and Neurontin. Work status was remain off work for 6 months. The submitted medical records support that the injured worker has been prescribed Valium since at least 05/22/2014. Disputed treatments include Valium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Valium on an ongoing basis since at least 05/22/2014 with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for continued use of the medication is not medically necessary.