

<b>Case Number:</b>	CM13-0043060		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/18/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female who reported an injury on 09/18/2010. The patient is diagnosed with contusion of the knee. The patient was seen by [REDACTED] on 09/03/2013. Physical examination revealed medial joint line tenderness with full range of motion and no effusion. Treatment recommendations included continuation of current medications including Prilosec, Restoril, and Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stazepam, 1 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Ankle and Foot Complaints..

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

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical documentation submitted, the patient's physical examination only revealed medial joint line tenderness. The patient demonstrated full range of motion and no effusion. There is no evidence of spasticity or palpable muscle spasm.

There is also no evidence of anxiety or depressive complaints. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

**Therapfen, 800, 1 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Ankle and Foot Complaints..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Therapfen, 800, 1 month supply