

Case Number:	CM13-0052281		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2004
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine and Emergency 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:

This patient is a 50 year-old with a date of injury of 06/06/04. The mechanism of injury was from being thrown from a horse. A progress report dated 02/05/13 was the most recent report included; it was also prior to the request for services. Identified subjective complaints of pain in the left knee with activity. She was able to ski though it created some stiffness. Objective findings included a mild decrease in range-of-motion. The knee was stable. Diagnoses included status-post left patellofemoral replacement. It does not mention concurrent or prior treatment with Valium. A Utilization Review determination was rendered on 10/09/13 recommending non-certification of "diazepam 5 mg #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Diazepam (Valium) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that 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. In this case, there is no documentation of the length of prior use or intended current use. Therefore, the record lacks documentation for medical necessity of Diazepam.