

Case Number:	CM14-0016319		
Date Assigned:	04/11/2014	Date of Injury:	12/01/2005
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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 presented with the date of injury of December 1, 2005. A utilization review determination dated January 28, 2014 recommends modification of Diazepam 5mg #60 to Diazepam 5mg #48. The previous reviewing physician recommended modification of Diazepam 5mg #60 to Diazepam 5mg #48 due to Diazepam having been prescribed since at least 12-10-2013, Diazepam having been prescribed for muscle spasm which is not supported by guidelines, and for the purposes of tapering. A Progress Report dated January 9, 2014 identifies continued level of pain and swelling. He is still having difficulty with limited weight bearing and standing and walking. Medications identify Diazepam helps reduce back spasms. Exam identifies healing arthrotomy scar left anterior knee and healing arthrotomy scars right ankle with multiple surgical arthroscopic ports. The knee has 1-2+ effusion with peripatellar tenderness and bilateral joint line tenderness medial and lateral with discomfort with extension to 0 degrees and flexion to 90 degrees. There is slight tenderness over the medial malleolus. Assessment identifies left knee cartilage reconstruction, left knee osteonecrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF DIAZEPAM 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Diazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, Diazepam is being used for muscle spasms. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Diazepam. Finally, there is no indication that the Diazepam is being prescribed for short-term use, as recommended by guidelines. The request for one prescription of Diazepam 5mg # 60 is not medically necessary and appropriate.