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| Case Number: | CM14-0113296 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/15/1997 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Internal Medicine 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 an injured worker with bilateral knee conditions. Mechanism of injury was kneeling. Date of injury was 01-15-1997. The progress report dated 6/10/14 documented a prescription for Valium 5 mg. The progress report dated 7/8/14 documented the presence of knee joint effusion, hip spasm. The patient was noted to be in no apparent distress and able to rise from the seated to standing position without support. The patient was able to ambulate without listing. The patient was noted to be awake, alert, and oriented. The gait was noted to be within normal limits. Tenderness was noted over both patellae. Left patella was limited to flexion with tenderness over the lateral and medial meniscal joints. The progress report dated 9/3/14 documented diagnoses of chronic bilateral knee pain and hip pain. Current medications included Norco 10/325 and Valium 5 mg. Treatment plan included a prescription for Valium 5 mg every 6 hours and Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, 1 po, Q6h, Quantity: 120 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th EDPhysician's Desk Reference, 88th EDwww.RxList.comwww.odg-twc.com/odgtwc/formulary.htm

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. Benzodiazepines are not recommended as first-line medications by ODG. Work Loss Data Institute guidelines for Pain (chronic) states that benzodiazepines for long-term use are not recommended. Medical records document the long-term use of the benzodiazepine Valium (Diazepam). MTUS guidelines do not support the long-term use of benzodiazepines. Work Loss Data Institute guidelines and ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the prescription of Valium is not supported. Therefore, the request for Valium 5mg, 1 po, Q6h, Quantity: 120 Refills: 0 is not medically necessary.