

Case Number:	CM14-0151489		
Date Assigned:	09/19/2014	Date of Injury:	01/15/1997
Decision Date:	10/20/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 a 54-year old male who was injured on 1/15/1997. The diagnoses are bilateral hips and knees pain. The radiological studies showed a tear of the posterior horn of the medial meniscus. On 9/3/2014, ██████████ noted that the patient had no limitation working full time on his physically demanding job installing HVAC systems. There was no significant objective finding on physical examination. The medications are Norco, Lidoderm and Voltaren gel for pain and Valium for muscle spasm and anxiety. A Utilization Review determination was rendered on 9/18/2014 recommending non certification for Valium 5mg q 6 h #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, 1 p.o, q6h, qty#120: 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 ed. Mc Graw Hill, 2010. Physican's Desk Reference, 68th ed, www.RxList.com, Official Disabilities Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com Epocrates Online www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator, AMDD Agency Medical Director's Group Dose Calculator, www.agencymeddirectors.wa.gov, ACOEM <http://www.acoempracguides.org/knee>; table 2,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to periods of less than 4 weeks to prevent the development of tolerance, dependency, addiction and adverse interaction with other sedatives. The efficacy of benzodiazepines for the treatment of anxiety and muscle spasm decreases over time. The records indicate that the patient had utilized Valium for more than 4 weeks. There is no documentation of persistent muscle spasm. It is recommended that antidepressants are more effective in the treatment of chronic pain associated with psychosomatic symptoms. The criteria for the use of Valium 5mg, 1 per mouth, every 6 hours, qty#120 is not medically necessary.