

Case Number:	CM14-0032961		
Date Assigned:	04/18/2014	Date of Injury:	11/20/2011
Decision Date:	08/20/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 a 45-year-old male with date of injury of 11/20/2011. According to the progress report dated 11/14/2013 by [REDACTED], the patient's listed diagnoses are: 1. Left knee medial meniscus tear and chondromalacia, status post arthroscopy, partial medial meniscectomy, and abrasion arthroplasty. 2. Right knee internal derangement. 3. Chronic low back pain and chronic pain syndrome. According to this report, the patient is quite stable with respect to his left knee. There has been expected unmanageable discomfort in the knee during the early postoperative timeframe. Medication use has been quite adequate. The treater states that there is a history of pain radiating down on one side into the left lower extremity. There is also a history of significant low back pain with difficulty mobilizing the area. There is some reported pain and discomfort with flexion and extension movements as well as rotation. Pain can be sharp at times, dull at others. Severity of pain increases or decreases based on activity levels. The right knee, unfortunately, has now become an issue that it is much more mechanical as well. Pain is experienced at both joint line and patellar level, at times persistent. There are episodes of giving way with definite mechanical symptoms. The physical exam shows there appears to be some joint line tenderness along the medial and lateral aspects of the knee with a positive McMurray's exam. Patellar ballottement with an effusion was shown. Neurovascularly, the lower extremity is intact. There is mild atrophy noted in the musculature of the knee. Patellofemoral examination shows significant tenderness of the facet with negative apprehension. The knee shows full range of motion. There is a positive patellofemoral crepitation noted. The spinal examination is unchanged. The utilization review denied the request on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM TABLET 10MG, QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 24 Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Page(s): 24.

Decision rationale: This patient presents with bilateral knee and chronic low back pain. The treating physician is requesting diazepam tablet 10 mg #90. The MTUS Guidelines page 24 on benzodiazepines, states that it is not recommended for long-term use because long-term efficacy is not proven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records do not show when the patient started taking diazepam; however, the utilization review notes that the patient has been prescribed long-term diazepam since 04/08/2013. In this case, the MTUS Guidelines do not support the long-term use of this medication. The request is not medically necessary.