

Case Number:	CM14-0052984		
Date Assigned:	07/07/2014	Date of Injury:	12/01/2005
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 38 year old male with an injury date of 12/01/05. Based on the 04/10/14 progress report provided by [REDACTED], the patient complains of chronic knee pain. On 11/22/13, the patient had a right knee ACI/tibial tubercle osteotomy. He still has knee pain, swelling, and pain with weight bearing. The 02/10/14 report states that the patient is at risk for losing range of motion. The patient's diagnoses include the following: Right knee sprain, Left knee sprain, Left foot and ankle sprain, compensable consequence of the industrial injury when the right knee buckled. [REDACTED] is requesting for Diazepam 5 mg. The utilization review determination being challenged is dated 04/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/09/13- 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24.

Decision rationale: According to the 04/10/14 report by treating physician, the patient presents with chronic knee pain. The request is for Diazepam 5 mg. The patient has been taking Diazepam since 12/10/13. MTUS 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. In this case, the patient has been taking Diazepam since 12/10/13 which exceeds the time frame benzodiazepines are recommended for. Therefore, the request is not medically necessary.