

<b>Case Number:</b>	CM14-0189688		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/26/2001
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational 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:

Injured worker is a male with date of injury 9/26/2001. Per physical medicine and rehabilitation new patient consultation dated 10/14/2014, the injured worker complains of low back pain, thoracic pain, bilateral lower extremity pain, and left knee pain. His worst pain is located in bilateral lower back with radiation down both lower extremities and into the hips. He has pain in the thoracic spine and also below the shoulder blades. He states that in most situations, leg symptoms are worse than low back pain, but other times, low back pain is worse. Since the epidural injections, his leg symptoms have been tolerable but the right heel pain and left knee pain has not changed. He rates overall intensity of pain a 6/10. He has pain on an everyday basis and has trouble sleeping at nighttime. He is currently going through physical therapy. Surgery has not been recommended. Lumbar spine examination reveals diminished range of motion in flexion, extension and bilateral bending. He complains of pain with movement. He has palpatory tenderness in the lower lumbar area bilaterally. Pelvic rock and sustained flexions are positive. Straight leg raise tests are negative bilaterally, only increasing his low back pain. Deep tendon reflexes are 1+ diminished but symmetric in both patella and Achilles. Muscle testing was normal, however, his right calf measured 44.5 cm compared to the left calf at 46 cm. Sensation is normal to gross touch and pinprick. He was able to walk on his heels and toes. Tandem gait was more difficult. Diagnoses include 1) chronic low back pain, bilateral lower extremity pain with MRI findings of severe degenerative disc changes at multiple levels L1-L5, 2) chronic left knee pain, rule out internal derangement 3) chronic right heel pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 mg, sixty count:** Upheld

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

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

**Decision rationale:** Valium is a benzodiazepine medication. The requesting provider does not provide any rationale why a benzodiazepine medication is needed in the management of this injured worker. The guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. The injured worker is continuing his use of Valium, reporting that he takes 10-15 tablets per month. Per letter of appeal dated 11/18/2014, the requesting physician explains that Valium is taken for flare ups and exacerbations only, and that he is only prescribing 10 pills. This request however is for 60 pills, and the plan specifies that the injured worker is to follow up in two months. This request does not appear to be consistent with 10 pills per month. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Valium 5 mg, sixty count is determined to not be medically necessary.

**MRI of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 (table 31-1), and 343 (table 13-6). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

**Decision rationale:** The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. Letter of appeal dated 11/18/2014 clarifies that the injured worker continues to experience persistent pain and the requesting physician suspects internal derangement such as meniscal tear or ligament problem. The request for MRI of the left knee is determined to be medically necessary.