

Case Number:	CM15-0100781		
Date Assigned:	06/03/2015	Date of Injury:	07/10/2001
Decision Date:	07/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 40 year old female, who sustained an industrial injury on 7/10/01. She reported bilateral knee pain and low back pain that radiated to the left leg. The injured worker was diagnosed as having intervertebral lumbar disc disorder with myelopathy, degeneration of cartilage and meniscus of the knee, anxiety and depression, and rotator cuff dysfunction. Treatment to date has included right knee arthroscopy and subsequent replacement in 2007, L5-S1 laminectomy and disc fusion, right shoulder arthroscopy, and medication. The injured worker had been taking Valium since at least 1/27/15. Currently, the injured worker complains of bilateral knee pain. Depression associated with chronic pain was also noted. The treating physician requested authorization for Valium 10mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #40: Upheld

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

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

Decision rationale: The requested Valium 10mg #40, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has bilateral knee pain. Depression associated with chronic pain was also noted. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, versus use of an anti-depressant, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #40 is not medically necessary.