

Case Number:	CM15-0130324		
Date Assigned:	07/16/2015	Date of Injury:	01/06/2013
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female, who sustained an industrial injury on 1/6/13. The injured worker was diagnosed as having pain in the joint of the lower leg and contusion of the knee. Treatment to date has included acupuncture, physical therapy, psychiatric treatment, and medication. The injured worker had been taking Valium and Prilosec since at least 1/23/15. A physician's report dated 3/17/15 noted depression, anxiety, and panic attacks. Currently, the injured worker complains of left knee pain. The treating physician requested authorization for Valium 10mg #30, Prilosec DR 20mg #30, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg QTY: 30: 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 Benzodiazepines Page(s): 24.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for left knee pain. When seen, pain was rated at 5/10. Medications are referenced as helping. Physical examination findings included ambulating without an assistive device. There was medial joint line and patellar tenderness. There was decreased left lower extremity sensation. Valium, Percocet, and Prilosec were prescribed. The claimant was considered at maximum medical improvement and authorization for a functional capacity evaluation was requested. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. Continued prescribing was not medically necessary.

Prilosec DR 20mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for left knee pain. When seen, pain was rated at 5/10. Medications are referenced as helping. Physical examination findings included ambulating without an assistive device. There was medial joint line and patellar tenderness. There was decreased left lower extremity sensation. Valium, Percocet, and Prilosec were prescribed. The claimant was considered at maximum medical improvement and authorization for a functional capacity evaluation was requested. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec was not medically necessary.

Functional Capacity Evaluation QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for left knee pain. When seen, pain was rated at 5/10. Medications are referenced as helping. Physical examination findings included ambulating without an assistive device. There was medial joint line and patellar tenderness. There was decreased left lower extremity sensation. Valium, Percocet, and Prilosec were prescribed. The claimant was considered at maximum medical improvement and authorization for a functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is considered medically necessary.