

Case Number:	CM15-0146969		
Date Assigned:	08/07/2015	Date of Injury:	02/23/2007
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 65 year old male, who sustained an industrial injury on 2-23-2007. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-13-2015, the injured worker complains of pain in the neck, bilateral shoulders, lower back, bilateral knees and left ankle. Physical examination showed left knee tenderness, medially and laterally. Documentation states the injured worker has a pending left knee arthrogram on 7-14-2015. The treating physician is requesting Valium 10 mg one hour prior to arthrogram of the left knee #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg one 1 hour before arthrogram #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the 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. 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." Within the documentation available for review, there is no indication of any anxiety or another clear rationale for the use of Valium prior to an imaging procedure. Additionally, while a single Valium may be appropriate in the presence of anxiety, there is no rationale provided for the prescription of #20 and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding the above issues, the currently requested Valium (diazepam) is not medically necessary.