MAXIMUS Federal Services

Case Number:	CM15-0164146		
Date Assigned:	09/01/2015	Date of Injury:	09/01/2004
Decision Date:	10/05/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on 9-1-04. An orthopedic report, dated 3-30-09, indicates that the injured worker sustained a left knee injury as the result of a fall. According to the record, her treatment was focused on "left-sided low back pain" until 5-3-05, when she was evaluated for knee pain and sciatica. An MRI of the knee was completed on 4-8-05, which revealed "some high signal intensity in the lateral meniscus compatible with a pervious tear, and the anterior cruciate ligament appeared to be partly attenuated". She received a steroid injection to the left knee. The progress record also indicates that she had "several MRIs and epidural steroid injections" to her lumbar spine. It states "surgery was accomplished on 7-28-05". The report indicates diagnoses of herniated disk at L4-5, status-post L4-5 laminectomy, torn anterior and posterior cruciate ligaments, partial, without instability, and minor chondromalacia patella, left knee. On 7-21-15, she presented to the pain management provider with complaints of lower back pain and bilateral leg pain. The report indicates that she underwent lumbar radiofrequency on 4-13-15 and "got excellent relief". Her pain rating was reduced from "8 out of 10" to "1-2 out of 10". The report indicates that she does have stiffness or discomfort with prolonged sitting, as well as "some spasms on the inside of her right thigh". This was reported as "manageable". She was receiving Celebrex for pain and inflammation, Tramadol for break-through pain, and "occasional" Valium for muscle spasms. Her diagnosis was noted to be bilateral lumbar facet mediated pain-improved post radiofrequency on 4-13-15. She was status-post left rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, muscle relaxants Page(s): 24, 66.

Decision rationale: Valium is not medically necessary by MTUS guidelines. The patient had been taking it long term and according to guidelines, it is not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Tolerance to muscle relaxant effects occurs within weeks. There is no benefit to taking benzodiazepines over other muscle relaxants for treatment of spasms. The patient also had improvement with lumbar radiofrequency with continued "manageable" pain and occasional spasms. With the patient's improvement, the risk of continued benzodiazepine use outweighs benefits. Therefore, the request is not medically necessary.