

Case Number:	CM15-0166589		
Date Assigned:	09/04/2015	Date of Injury:	10/20/2008
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 10-20-2008. She reported pain in the left knee, left arm and back from a slip and fall. Diagnoses include lumbar radiculopathy, left knee neuropathic pain, low back pain, status post left knee arthroscopy, and left lower extremity neuropathy. Treatments to date include activity modification, medication therapy, physical therapy, aquatic therapy, cortisone injections. Currently, she complained of ongoing pain in the low back and left knee. Medication was noted to be helping to reduce pain. On 6-26-15, the physical examination documented a left side antalgic gait, tenderness and muscle spasm to lumbar muscles and decreased range of motion. The straight leg raise tests were positive. The left knee was tender with swelling and erythema noted. The Lachman and Patellar compression tests were positive. The plan of care included a prescription for Valium 10mg tablets, one tablet three times a day, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents on 06/26/15 with lumbar spine pain rated 9/10 and left knee pain rated 8/10. The patient's date of injury is 10/20/08. Patient is status post left knee arthroscopy. The request is for Valium 10MG #90. The RFA is dated 08/12/15. Physical examination dated 06/26/15 reveals tenderness to palpation, tightness, spasms, and guarding of the lumbar paraspinal musculature, with positive Kemp's and straight leg raise tests noted bilaterally. Tenderness to palpation is also noted in the left knee with evidence of erythema, and positive Patellar compression and Lachman's test noted. The patient is currently prescribed Oxycodone, Norco, Valium, and Neurontin. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states: "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In regard to the request for Valium, the requesting provider has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy - this patient has been prescribed Benzodiazepine medications since at least 05/29/15. The requested 90 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request IS NOT medically necessary.