

Case Number:	CM15-0185842		
Date Assigned:	09/28/2015	Date of Injury:	04/17/2008
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/21/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 40 year old female, who sustained an industrial injury on April 17, 2008, incurring right knee and low back injuries. She was diagnosed with right knee medial compartment arthrosis, right knee medial meniscus tears, lumbar degenerative disc disease, bilateral sciatica and lumbago. Treatments included home exercise program, aquatic therapy, muscle relaxants, pain medications, lumbar epidural steroid injection, transcutaneous electrical stimulation unit, ice and heat therapy, steroid injections, viscous supplemental injections and activity modifications. On January 11, 2010, she underwent a right knee arthroscopy with moderated relief of knee pain. Currently, the injured worker complained of persistent right knee pain. A right knee Magnetic Resonance Imaging on April 14, 2015, revealed high grade degenerative arthritis, bursitis, and degenerative tear of the medial meniscus. The treatment plan that was requested for authorization September 21, 2015, included a prescription for Diazepam 10 mg, #60. On September 16, 2015, a request for a prescription of Diazepam 10 mg, #60 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. As the treatment is not recommended for long term use, the request is not medically necessary.