

Case Number:	CM15-0187321		
Date Assigned:	09/29/2015	Date of Injury:	06/15/2010
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male who sustained an industrial injury on 6-15-10. The injured worker reported right knee pain and back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbalgia and knee pain. Medical records dated 8-24-15 indicate pain rated at 6 to 8 out of 10. Provider documentation dated 8-24-15 noted the work status as temporary totally disabled. Treatment has included Ambien, Diazepam, Gabapentin, Percocet, Psychiatric assessment, and magnetic resonance imaging of the knee and lumbosacral spine. Objective findings dated 8-24-15 were notable for right knee with decreased range of motion, subpatellar chondromalacia with crepitus. The treating physician indicates that the urine drug testing result (5-1-15) showed no aberration. The original utilization review (9-2-15) denied a request for Diazepam tab 10mg #30 1 po qd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam tab 10mg #30 1po qd: 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: Valium is the brand name version of diazepam, a benzodiazepine. MTUS 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." Records indicate that the patient has been on diazepam in excess of the 4-week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. The request Valium 10mg #30 is in excess of the guidelines. As such, the request is not medically necessary.