

Case Number:	CM15-0031601		
Date Assigned:	02/24/2015	Date of Injury:	09/18/2014
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 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:

This is a 51 year old male patient who sustained an industrial injury on 9/18/14 after a trip and fall backwards injuring his neck, low back and left knee. The current diagnosis includes lumbago. He has had prior injury to his left shoulder and low back. Per the progress note dated 1/21/15 He had complains of left knee buckling causing him to fall. The physical examination of the left knee revealed positive Mc Murray with tenderness along the medial joint line, tenderness with patella compression and patella motion. The treating provider has ordered an MRI of the left knee to rule out underlying meniscal pathology or other abnormalities. While waiting for the availability of an open MRI scanner the treating physician ordered muscle relaxants and Tramadol as the ibuprofen he had been on previously was not effective and 2 Valium tablets when he undergoes the MRI due to claustrophobia, hence the need for an open scanner. On 1/30/15 Utilization Review non-certified the request for diazepam 5 mg #2 citing ODG: Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg, #2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Benzodiazepines.

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

Decision rationale: Request: Diazepam 5mg, #2 Diazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. 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 treating provider has ordered an MRI of the left knee to rule out underlying meniscal pathology or other abnormalities. Patient has a history of claustrophobia. Only 2 valium/ diazepam tablets were prescribed for claustrophobia. There is no evidence that this pt is taking benzodiazepines on a long term basis. There is no evidence of aberrant drug behavior with the use of controlled substances in this patient The request for valium would be medically appropriate for short term use for claustrophobia. The request of Diazepam 5mg, #2 is medically necessary and appropriate for this patient.