

<b>Case Number:</b>	CM15-0031642		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 35 year old male, who sustained an industrial injury on July 8, 2008. The injured worker has reported a right knee injury. The diagnoses have included pain in the joint lower leg, spasm of muscle, anxiety and depression. Treatment to date has included pain medication, muscle relaxants, two right knee arthroscopies and a Cortisone injection. Current documentation dated January 8, 2015 notes that the injured worker complained of right knee pain rated at an eight out of ten on the Visual Analogue Scale. He also reported increased anxiety secondary to the pain. Physical examination of the right knee revealed moderate diffuse tenderness to palpation, painful full range of motion, crepitus with movement and a normal McMurry and Lachman's test. On January 30, 2015 Utilization Review non-certified a request for Valium 5 mg # 30 for his reactive anxiety secondary to pain and continued delay in surgery. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**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 Valium in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Valium. The original utilization review modified the request for weaning purposes. The request Valium 5mg #30 is in excess of the guidelines. As such, the request for Valium 5mg #30 is not medically necessary.