

Case Number:	CM15-0044844		
Date Assigned:	03/17/2015	Date of Injury:	07/08/2008
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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, Florida, Illinois
Certification(s)/Specialty: Emergency 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 37-year-old male who reported an injury on 07/08/2008. The mechanism of injury was not specifically stated. The current diagnoses include pain in a joint of the lower leg, depression, muscle spasm and anxiety. The injured worker presented on 01/08/2015 for a follow-up evaluation with complaints of persistent 8/10 knee pain with activity limitation. The injured worker was utilizing Valium 5 mg, Norco 10/325 mg, and Effexor XR 37.5 mg. Upon examination, there was an improvement in adhesion and spasm in the right quadriceps, 2+ upper extremity reflexes, moderate swelling of the right knee, moderate and diffuse tenderness to palpation, full range of motion with pain, negative McMurray's test, moderate crepitus, and normal range of motion of the left knee. Recommendations included continuation of the current medication regimen. A request for authorization form was submitted on 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg one tablet as needed by mouth every evening #30: Upheld

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 chapter, Benzodiazepines.

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker utilizes Valium 5 mg for reactive anxiety secondary to pain and a continued delay of surgery. However, there is no evidence of a psychological evaluation. It is unclear how long the injured worker has utilized the above medication. The guidelines do not support long term use of benzodiazepines. Given the above, the request is not medically appropriate.