

Case Number:	CM14-0112777		
Date Assigned:	08/01/2014	Date of Injury:	01/06/2013
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury on 01/06/2013 due to hitting her left knee on the edge of a stair. Diagnoses were pain in joint of lower leg and contusion of knee. Past treatments were acupuncture, physical therapy, and trigger point injections. Diagnostic studies were an MRI of the left knee that revealed a posterior meniscal tear. Surgical history was not reported. Physical examination on 07/08/2014 revealed complaints of left knee pain. The pain was rated at a 3/10. It was reported that the pain radiated to the left hip, left thigh, and left foot. Examination of the left knee revealed tenderness to palpation was noted over the medial joint line and patella. Sensory examination revealed decreased sensation over the lateral calf on the left side. Medications were naproxen 550 mg, Restoril, Valium 10 mg 1 tablet daily, Wellbutrin, trazodone, and Percocet. Treatment plan was for a request of physical therapy. The rationale was not provided. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The request for Valium 10mg, qty 30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request is not medically necessary.