

Case Number:	CM14-0104584		
Date Assigned:	09/16/2014	Date of Injury:	11/20/2011
Decision Date:	06/26/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46 year old male, who sustained an industrial injury on 11/20/2011. He has reported injury to the bilateral knees. The diagnoses have included right knee meniscal tear and chondromalacia; status post right knee arthroscopy, medical meniscectomy with chondroplasty, on 05/30/2014; status post left knee arthroscopy, on 08/10/2013 and on 10/30/2013. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Norco, Ibuprofen, and Diazepam. A progress note from the treating physician, dated 04/03/2014, documented a follow-up visit with the injured worker. The injured worker reported continuing to recuperate from left knee procedure on 10/30/2013; his symptoms have decreased slightly; the right knee continues with ongoing discomfort; pain is mostly localized to the medial aspect; some giving way and intermittent catching; and some swelling, greater at times than others. Objective findings included left knee portals are completely healed; minimal effusion is noted; some joint line tenderness still exists, however no meniscal signs are present; right knee shows mild atrophy in musculature; medial joint line tenderness with a positive McMurray exam; positive for effusion with patellofemoral ballottement and swelling some facet tenderness is present; slight loss of motion; ligament examination to both anterior and posterior, as well as varus valgus shows some laxity; and MRI of the right knee shows a horizontal oblique meniscus tear with grade II degenerative change and a perimeniscal cyst. The treatment plan has included the request for Diazepam 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam 10mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are internal derangement right knee probable torn meniscus and chondromalacia; lumbar discogenic disease; bilateral sciatica; and multiple medical/internal medicine issues. The date of injury is November 20, 2011. Request for authorization is dated June 3, 2014. The medical record contains 28 pages. The injured worker is status post left knee arthroscopy with continued pain and will be undergoing a right knee arthroscopy. The earliest progress note in the medical record is dated January 2014. There are no medications listed in the record. Subsequent progress notes February 2014 and April 2014 do not include current lists of ongoing medications. In a progress note dated May 29, 2014, Norco 10/325 mg and Diazepam 10 mg 2-3 tablets per day are documented as ongoing medications. There is no clinical indication in the medical record for diazepam. There is no clinical rationale in the medical record for diazepam. There is no documentation demonstrating objective functional improvement with diazepam. Consequently, absent clinical documentation with objective functional improvement and a clinical indication and rationale for diazepam, Diazepam 10mg #60 is not medically necessary.