

<b>Case Number:</b>	CM15-0075596		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/23/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female sustained an industrial injury to the left knee on 8/23/14. Previous treatment included x-rays, magnetic resonance imaging, physical therapy, crutches and medications. In a Doctor's First Report of Injury dated 3/26/15, the injured worker complained of left knee pain rate 8/10 on the visual analog scale. The injured worker had a walker, a cane and an elastic knee brace. Physical exam was remarkable for moderate muscle spasms to the left anterior knee. Current diagnoses included left knee sprain/strain. The treatment plan included medications (Anaprox, Prilosec and Valium), electromyography/nerve conduction velocity test of the left knee and orthopedic consultation for possible total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127. Decision based on

Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Diazepam (Valium).

**Decision rationale:** Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the 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. 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." ODG specifically notes that Valium is not recommended. Within the documentation available for review, there is no clear rationale for the use of this medication despite the recommendations of the guidelines. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.