

Case Number:	CM14-0061472		
Date Assigned:	07/09/2014	Date of Injury:	01/15/1997
Decision Date:	11/20/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on 01-15-1997. Medical records indicated the worker was treated for hip and knee pain. The worker had left arthroscopic knee surgery in 1997 x 2. He had a MRI (07-02-2012) showing a tear of the body and posterior horn of the medial meniscus with joint effusion, His diagnoses include chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome. In the provider notes of 04-29-2014, the worker complains of pain in both knees and the right hip that he describes as burning and stabbing in character. The worker's medications include Valium, Norco Voltaren gel, and Lidoderm patches (all since at least 08-20-2013). The worker has been working full time since 2005. On exam, he has tenderness to palpation over the superior trapezius and levator scapulae on movement, and has tenderness over the lateral and medial meniscal joint line on the left with left hip tenderness on internal and external rotation. He is unable to cross his knees. Review of his medications note no aberrant behaviors. The CURES report shows consistency in prescribing provider and pharmacy. His pain level is rated a 7-8 on a scale of 0-10. There are no notations of how soon the medications start to work for him after ingestion or application, and no documentation of decreased pain, increased level of function, or improved quality of life with the medications. A request for authorization was submitted for Valium 5mg #45. A utilization review decision 04-29-2014 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basics of Therapeutics, 12th ed. McGraw Hill 2008. Physician's Desk Reference, 68th ed. Official Disability Guidelines, Drug Formulary www.RXList.com, www.epocrates.com, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case there is no documentation of derived functional benefit or significant pain relief attributable to the use of Valium and this medication is not intended for long term use, therefore, the request for Valium 5mg #45 is determined to not be medically necessary.