

<b>Case Number:</b>	CM13-0071266		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Geriatrics, has a subspecialty in Family Practice and is licensed to practice in New York. 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 59 year old man with a date of injury of 11/27/01. He was seen by his physician on 11/21/13 with complaints of neck pain, headache and lower/upper back pain. His quality of sleep was said to be poor and that he slept 3-4 hours per night. His activity level remained the same. He was taking his medications as prescribed with no reported side effects and efficacy was good. His medications included arthrotec, lansoprazole, bupropion, neurontin, valium, lidoderm patch, atenolol and metoprolol. He was receiving physical therapy. His physical exam showed he was calm and in mild pain. His gait was antalgic without an assistive device. He had restricted cervical spine range of motion with tenderness in the cervical and thoracic paravertebral muscles and spasm in the thoracic muscles. His neurologic exam was intact. His diagnoses were cervical, thoracic and low back pain and post-concussion syndrome. He was said not to have access to the appropriate weight machines at home. He was instructed also to walk as tolerated for exercise. The treatment plan included a refill of valium, a sleep study and a gym membership which are at issue in this review.

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## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 PRESCRIPTION OF VALIUM 10MG #60: Upheld**

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

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

**Decision rationale:** Valium is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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 which this worker is already taking. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical necessity of ongoing valium use is not substantiated in the medical records.

### **6 MONTH GYM MEMBERSHIP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Per the MTUS, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is not sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has received physical therapy already and a self-directed home exercise program should already be in place. He was encouraged to walk for exercise and the lack of weights at home does not medically justify a gym membership.

### **1 SLEEP STUDY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnography, Criteria for Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Presentation and Diagnosis of Obstructive Sleep Apnea In Adults.

**Decision rationale:** This injured worker has a history of sleep difficulties including sleep of 3-4 hours per night and chronic pain. Testing is recommended for those individuals who snores and have excessive daytime sleepiness. The current MD note requests a sleep study but it is not clear the contributions that his current medications contribute to insomnia (such as bupropion). Additionally, there is no documentation of sleep hygiene and whether his bed partners have observed snoring or periods of apnea, which are part of the screening criteria. The records do not support the medical necessity for a sleep study.