

<b>Case Number:</b>	CM14-0103066		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 71 year old male with a date of injury of June 15, 2010. He complains of chronic pain to the lumbar spine, the right knee, right shoulder, and left hip. The review of systems is positive for anxiety and depression at times. He has had several surgeries to the right knee including a total knee arthroplasty August 16, 2013. He has had arthroscopic surgery of the right shoulder. MRI scan of the lumbar spine reveals multilevel degenerative disc disease with facet hypertrophy and evidence of spinal stenosis. The physical exam reveals tenderness to palpation of the lower lumbar spine, tenderness to palpation of the right knee at the medial and lateral joint lines, and right shoulder tenderness at the biceps tendon and pectoralis region. The Neer's test is positive. The diagnoses include disequilibrium, depression and anxiety, right shoulder biceps tendon strain, lumbar facet disease, lumbar disc disease, lumbar spinal stenosis, right knee osteoarthritis. A one year gym membership or stationary bike is requested to increase the quadriceps strength so as to diminish the right knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Year Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Official Disability Guidelines <http://www.odg-twc.com/>, Gym Membership

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Gym Memberships

**Decision rationale:** Gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. In this instance, it appears that the injured worker has been advised in home exercise programs and is not getting the desired result. However, a gym membership without monitoring by a health professional is not considered medically necessary under the guidelines. Therefore, a one year gym membership is not medically necessary.

**Ativan 1mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Benzodiazepines

**Decision rationale:** Benzodiazepines like Ativan are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. In this instance, it appears that the injured worker has been utilizing benzodiazepines in one form or another for several months. The documentation provided does not clearly define the reason for the prescription of Ativan although it seems the benzodiazepine Valium was used previously as a sleep aid. Because this class of medication is not recommended beyond 4 weeks for the reasons mentioned, Ativan 1mg #30 is not medically necessary per the referenced guidelines.