

<b>Case Number:</b>	CM14-0018450		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	08/10/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Emergency Medicine 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 patient is a 46-year-old female who was injured on August 10, 2004. The patient continued to experience back pain radiating into bilateral lower extremities. Physical examination was notable for positive sacroiliac tenderness bilaterally, positive left straight leg raise, positive Gaenslen's test, positive Faber's test, mildly decreased strength in the left lower extremity and tenderness on 11 of 18 trigger points, including the upper middle back and upper trapezius. On January 20, 2014, she began to experience increased pain in her neck and upper back. At that visit, physical examination showed palpable knotted muscles in the neck and upper back with decreased range of motion. The diagnoses included muscle spasm and cervalgia. Prior treatment included physical therapy, massage therapy, epidural steroid injections and medications. Requests for authorization Tramadol/acetaminophen 37.5/325 # 30, diazepam 5mg # 10, gym membership and personal trainer # 24 for were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL/ACETAMINOPHEN 37.5/325 MG EVERY 4 TO 6 HOURS AS NEEDED  
QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** Per MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking Selective serotonin reuptake inhibitors (SSRIs), Tricyclic antidepressants (TCA's), and other opioids. The MTUS states that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case, the patient had been receiving Tramadol since at least June 2013 and was not obtaining analgesia. In addition, there is no documentation that the patient had signed an opioid contract or that she was participating in urine drug testing. The criteria for long-term opioid use have not been met. As such, the request is not certified.

**DIAZEPAM 5MG EVERY 6 HOURS AS NEEDED QTY: 10.00:** Upheld

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

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

**Decision rationale:** Per MTUS guidelines, 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. 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the medication was prescribed for as a muscle relaxant and possible sleep aid for short-term use. The patient had been receiving the muscle relaxant, methocarbamol, since at least June 2013. Muscle relaxants are recommended for short-term use only. Methocarbamol was not discontinued when the diazepam prescription was written. Prior treatment with muscle relaxants has not been useful and the risk of drug interaction and adverse effects is high. As such, the request is not certified.

**GYM MEMBERSHIP QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

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

**Decision rationale:** Per MTUS guidelines, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no 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. A recent study of the long term impact of aerobic exercise on musculoskeletal pain found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline body mass index (BMI) and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. Physical conditioning in chronic pain patients can have immediate and long-term benefits. So far, it appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. One of the problems with exercise; however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home 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. In this case, the gym membership was not monitored by a health professional and is not covered. As such, the request is not certified.

**PERSONAL TRAINER QTY: 24.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

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

**Decision rationale:** Per MTUS guidelines, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no 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. A recent study of the long term impact of aerobic exercise on musculoskeletal pain found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline body mass index (BMI) and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. Progressive walking, simple strength training, and stretching have improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. Physical conditioning in chronic pain patients can have immediate and long-term benefits. So far, it appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any specific activity. One of the problems with exercise; however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home 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. In this case, the personal trainer sessions are not monitored by a health professional and are not covered. As such, the request is not certified.