

<b>Case Number:</b>	CM14-0175598		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/04/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona and California. 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 51-year-old male who reported an injury on 09/04/2006 due to a 5 car vehicle accident where he saw the accident and tried to avoid it. He hit the center divider and a vehicle hit him from behind throwing him into an 18 wheeler. The injured worker complained of pain to the lumbar spine, right shoulder and left ankle. The injured worker rated his pain with medication at 4/10 and without medication at 8/10 using the VAS. No specific location of pain. The diagnoses included low back pain, spasm of the muscles, lumbar radiculopathy, degenerative disc disease of the thoracic spine, degenerative disc disease of the lumbar spine, and a compression fracture vertebrae. Diagnostics included an unofficial MRI of the right shoulder dated 06/18/2013, prior treatments included a functional restorative program, psych evaluation, personal trainer at the gym, medications, and injection. The medications included Fentanyl 25 mg, OxyContin 40 mg, Norco 10/325 mg, Soma 350 mg, Oxycodone 15 mg, Neurontin 300 mg, OxyContin 30 mg, Valium 5 mg, Bupropion 150 mg, Lamotrigine ER 200 mg, Lexapro 10 mg, and Seroquel 400 mg. The objective findings dated 10/16/2014 of the lumbar spine revealed restricted range of motion with flexion limited at 50 degrees secondary to pain, extension limited to 5 degrees, limited by pain. On palpation, paravertebral muscle spasms and tenderness was noted on bilateral sides. The injured worker was unable to perform the heel to toe walk. Lumbar facet loading was positive bilaterally. Straight leg raise test was negative. Babinski's sign was negative. Ankle jerk was 1/4 on the right side and 1/4 on the left side. Examination revealed testing was limited by pain. Motor strength to the EHL was a 5-/5 on the right and 5/5 on the left. Waddell's signs were negative. The sensory examination revealed light touch sensation was patchy in distributions. Sensation to pinprick was decreased over the right L3 to the S2 on the right side and noted for surgical scar. The treatment plan included Valium and aquatic therapy. The Request for Authorization dated 10/28/2014 was submitted with

documentation. The rationale for the Valium was the patient reported persistent anxiety without his Valium and it worked better than the Klonopin.

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

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

**Aqua therapy Quantity: 12 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The request for Aqua therapy x 12 visits is not medically necessary. The California MTUS recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for example, extreme obesity. The clinical notes indicate that the injured worker cannot do land based exercises; however, the injured worker had stated that he had a personal trainer at a gym, because he realized he would work himself too hard and needed somebody to assist him. Therefore, the request for Aqua therapy is not medically necessary.

**Valium 5mg #60 with refill x 1:** Upheld

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

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

**Decision rationale:** The request for Valium 5mg #60 with refill x 1 is not medically necessary. The California MTUS do not recommend benzodiazepines for long term use because of the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit to 4 weeks. The range of action includes sedatives/hypnotic, and anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions, tolerance to hypnotic effects develops rapidly, a tolerance to anxiolytics effects occur within months, and long term use may actually increase anxiety. A more treatment for anxiety disorder is an antidepressant. The clinical note dated 08/12/2014 revealed that the injured worker had been prescribed the Valium 5 mg a half a tablet a day as needed for anxiety. The clinical note for 10/16/2014 also indicated that the injured worker was taking the Valium at a half a tablet per day as needed for anxiety along with another prescription for Valium 5 mg that was 1 tablet 4 times a day as needed, each from a different doctor. Additionally, the request did not indicate the frequency. As such, the request for Valium is not medically necessary.

