

<b>Case Number:</b>	CM14-0077910		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on December 1, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 7, 2014, indicated that there were ongoing complaints of shoulder tightness. The injured employee was stated to be wearing a surgical boot on the right foot after a bunionectomy. Current medications include Percocet, Norco, Soma, Lidoderm patches, Valium, Seroquel, Axert, Wellbutrin, Prevacid and Prilosec. The physical examination demonstrated tenderness over the bilateral trapezius, shoulders and upper arms. There was diffuse tenderness as well over the thoracic spine and bilateral scapulae. There were multiple trigger points identified. Diagnostic imaging studies of the cervical spine indicated a disc protrusion at C2-C3 and C4-C5. There was a fused segment at C6-C7. Previous treatment was not discussed. A request had been made for Valium, Soma and a three-month pool membership and was not certified in the pre-authorization process on May 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Months of Pool Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 OF 127.

**Decision rationale:** This request for a pool membership is assumed to be a request for aquatic therapy. The California Medical Treatment Utilization Schedule supports aquatic therapy as an alternative to land-based physical therapy. Aquatic therapy (including swimming) minimizes the effects of gravity and is recommended where reduced weight bearing is desirable. Review, of the available medical records, fails to document why the injured employee is unable to participate in land-based physical therapy. As such, the request for a pool membership is not medically necessary.

**1 Prescription of Valium 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

**Decision rationale:** Valium (diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, have a relatively high abuse potential. While the medical record does include a diagnosis of pain induced anxiety, long-term usage of this medication is not recommended. Therefore, this request for Valium is not medically necessary.

**1 Prescription of Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Arkansas Medicaid Pharmacy Program. Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, (as published by permission) in the Oregon DUR (Drug Use Review) Board Newsletter. Oregon DUR Board Newsletter, 20002.4:1. 28 Dec. 2005.[http://pharmacy.oregonstate.edu/drug\\_policy/news/4/8\\_8/4\\_8.pdf](http://pharmacy.oregonstate.edu/drug_policy/news/4/8_8/4_8.pdf).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Soma is not medically necessary.