

<b>Case Number:</b>	CM15-0142136		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	12/06/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female who sustained an industrial injury on 12-06-2002. Current diagnoses include brachial neuritis-unspecified, and myalgia. Previous treatments included medications, home stretching, epidural steroid injections, trigger point injection, and acupuncture. Report dated 06-19-2015 noted that the injured worker presented with complaints that included severe pain, migraine, causing lock jaw, and nausea. The physician noted that the injured worker is having lock jaw due to neck spasms, dropping things, migraines, blurred vision, and etc. It was also noted that the injured worker wants to wean off opiates. The injured worker needs assistance to pull shirts over head, lifting, and fine motor. Pain level was 8-10 (average), 5-6 (with medications), and 10 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was revealed lock jaw, burning, right arm muscle atrophy, spasms in the neck and right side of back, full muscular skeletal spasms with all, burning, numbness, and tingling. The treatment plan included request for acupuncture and pool therapy, and request for oxycodone and Klonopin. Oxycodone was reduced from 10 mg to 5 mg. Currently the injured worker is not working. Disputed treatments include Klonopin 1mg quantity 45, acupuncture (visits) quantity 6, and pool membership classes - quantity 21.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg quantity requested: 45.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66. Decision based on Non-MTUS Citation Work Loss Data Institute; Official Disability Guidelines (ODG) Treatment in Workers' compensation, 12th, 2014, Pain (Chronic) Chapter (2/10/14).

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

**Decision rationale:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Acupuncture (visits) quantity requested: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional improvement Page(s): 1.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines recommend continued acupuncture only if functional improvement is objectively documented consistent with MTUS guidelines. The records in this case do not clearly document such functional improvement from past acupuncture. This request is not medically necessary.

**Pool membership classes - quantity requested: 21.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Gym Memberships.

**Decision rationale:** MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. Additionally ODG recommends gym memberships as a medical prescription only when a documented home exercise program attempt has failed and there is a need for equipment not available at home. The records in this case do not document such a situation, nor do the records document an alternate rationale for this request. Therefore for this additional reason as well, this request is not medically necessary.