

Case Number:	CM15-0095161		
Date Assigned:	05/21/2015	Date of Injury:	02/09/1983
Decision Date:	12/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial-work injury on 2-9-83. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome, right L4 radiculopathy with right lower extremity (RLE) weakness, lumbar facet arthropathy, lumbar disc protrusion, and lumbar degenerative disc disease (DDD). Treatment to date has included pain medication (previous medications Prozac, Norco, Percocet) Oxycodone, Roboxin, Arthrotec, Aspirin, Lexapro, Valium since at least 7-17-14, physical therapy, acupuncture 1 session completed to date and other modalities. Medical records dated 4-9-15 indicate that the injured worker complains of chronic lumbar spine and bilateral low back pain that radiates to the bilateral lower extremities (BLE). The physician indicates that all movements exacerbate the pain. The physical exam reveals restricted lumbar range of motion in all directions and positive lumbar discogenic maneuvers. The physician indicates that a gym membership is necessary to prevent deconditioning and he requires a pool for exercise as he failed land based physical therapy due to pain. He also indicates that the Valium provides 60 percent decrease in the injured worker's spasms with 60 percent increase in the activities of daily living (ADL) such as self-care and dressing. The physician indicates that he has had no aberrant drug behavior and previous urine drug screens were consistent with the prescribed medications. Per the treating physician report dated 4-9-15 the work status is permanent and stationary with work restrictions. The request for authorization date was 4-22-15 and requested services included Valium 10mg #8 and Gym membership for 6 months. The original Utilization review dated 4-29-15 non-certified the request for Valium 10mg #8 and Gym membership for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1983 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In July 2014 he was exercising in a gym three times per week. He had completed eight planned acupuncture treatments with a 40% decrease in pain and was taking less pain medications. He had pain rated at 5-6/10. Medications included Valium, oxycodone, Robaxin, and Arthrotec. When seen in April 2015 he had completed one acupuncture treatment session. Physical examination findings included a body mass index over 40. There was decreased and painful lumbar and right knee range of motion. There was decreased right quadriceps strength. The physical examination was otherwise unchanged from the previous visit. Authorization for continued gym access with a pool and for continued prescribing of Valium was requested. The claimant is referenced as requiring at least three days per week of gym use to maintain his exercise program. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Gym membership for 6 months: Overturned

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 memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1983 and continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. In July 2014 he was exercising in a gym three times per week. He had completed

eight planned acupuncture treatments with a 40% decrease in pain and was taking less pain medications. He had pain rated at 5-6/10. Medications included Valium, oxycodone, Robaxin, and Arthrotec. When seen in April 2015 he had completed one acupuncture treatment session. Physical examination findings included a body mass index over 40. There was decreased and painful lumbar and right knee range of motion. There was decreased right quadriceps strength. The physical examination was otherwise unchanged from the previous visit. Authorization for continued gym access with a pool and for continued prescribing of Valium was requested. The claimant is referenced as requiring at least three days per week of gym use to maintain his exercise program. Gym based exercises including aquatic exercise is recommended for patients with conditions including chronic persistent pain and who have comorbidities that would be expected to limit participation in weight-bearing physical activities. The program should become self managed and criteria for continued membership include when following an exercise program. In this case, the claimant appears motivated to continue an independent exercise program including aquatic therapy. This would be considered as an appropriate treatment as there are expected difficulties with lower extremity weight bearing and chronic spine pain after surgery. The requested membership is medically necessary.