

<b>Case Number:</b>	CM15-0011282		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	01/11/1997
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male with an industrial injury dated 01/11/1997. His diagnoses include lumbar strain/sprain, lumbar degenerative disc disease, degenerative joint disease, obesity, deconditioning, chronic pain with associated mood disorder/depression, and opiate tolerant. Recent diagnostic testing results were not submitted or discussed. He has recently been treated with medications, aquatic therapy/exercise, chiropractic therapy, and conservative care. In a progress note dated 12/18/2014, the treating physician reports low back pain that increased with standing, walking, bending and twisting, despite significant opioid use, and aching in the lower extremities. The objective examination revealed a forward flexed posture, slight weakness in the lower extremities, and a waddling gait. The treating physician is requesting a gym membership and medications which were denied or modified by the utilization review. On 12/29/2014, Utilization Review non-certified a request for an unknown gym membership, noting the absence of evidence that the injured worker requires specialized equipment for exercise that can only be found in a gym. The MTUS ACOEM ODG Guidelines were cited. On 12/29/2014, Utilization Review modified a prescription for alprazolam 0.5mg #30 to the approval of alprazolam 0.5mg #23, noting the absence of documented anxiety or muscle spasm to warrant the use of this medication and the exceeded guidelines for long term use. The MTUS ACOEM ODG Guidelines were cited. On 12/29/2014, Utilization Review modified a prescription for Lunesta 3mg #30 to the approval of Lunesta 3mg #23, noting the absence of recommendation for long term use, and recommendation for weaning. The MTUS ACOEM

ODG Guidelines were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of unknown gym membership, alprazolam 0.5mg #30, and Lunesta 3mg #30.

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

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

**Unknown gym membership:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back

**Decision rationale:** The MTUS is silent on the topic of gym memberships. With regard to gym memberships, the ODG states "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." Review of the medical does not indicate an inability to participate in a home exercise program or failure thereof, or a need for gym equipment. Medical necessity cannot be affirmed.

**Alprazolam 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication on an as needed basis since at least 10/2014 and previously in early 2013. As it is not recommended for long-term use, the request is not medically necessary.

**Lunesta 3mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Pain

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." The documentation submitted for review indicates that the injured worker has been using this medication since at least 10/2014. The records do not contain information regarding improvements in sleep quantity or quality. Absent such documentation, the request is not medically necessary.