

<b>Case Number:</b>	CM13-0006783		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Texas and Oklahoma. 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 67-year-old male who reported injury on 02/04/1998 of unknown mechanism. The injured worker complained of continuous pain to the neck and bilateral arms, rating it at a regular average of 7/10 on a 0 to 10 scale. A physical examination on 05/22/2014 showed the injured worker to not be in distress, asymptomatic, with neck extension of 20 degrees, flexion of 25 degrees, left upper extremity abduction of 150 degrees, and right upper extremity abduction of 100 degrees. There were no diagnostics for review. He had diagnoses of degenerative disc disease of the cervical spine with radicular component down his left upper extremity, and upper extremity numbness, tingling, and weakness. His past treatments included hot and cold wrap, TENS unit, chiropractic care, elbow sleeve, wrist brace, cervical pillow and collar gel, and oral medications. His medications were Naproxen, Ultracet, Omeprazole, Acetadryl and Flexeril. The treatment plan was for authorization of 1 year gym membership, authorization of Flexeril and Acetadryl and continuation of hot and cold modalities and the TENS unit for pain and modified activities. The request for authorization form was signed and dated 07/31/2013. There was a rationale for the requests for Flexeril and gym membership. There was no rationale for the request for Acetadryl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) low back, gym membership.

**Decision rationale:** The injured worker complained of continuous pain to the neck and bilateral arms, rating it at a regular average of 7/10 on a 0 to 10 scale. He stated that he used the YMCA for physical exercise since 1998 or 1999 and it has helped him with the ability to cope and manage his pain, stiffness, and mobility. The Official Disability Guidelines do not recommend gym membership 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. Plus, treatments need to be monitored and administered by medical professionals. There are 2 dates of injury in the documentation; however, it does not address that a home exercise program has been in use with effectiveness. The assessments in the documentation are very limited and do not give adequate need for the use of equipment as opposed to home exercise program. Therefore, the request for a 1 year gym membership is not medically necessary.

**60 FLEXERIL 10 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41-42 Page(s): 41-42.

**Decision rationale:** The injured worker complained of continuous pain to the neck and bilateral arms, rating it at a regular average of 7/10 on a 0 to 10 scale. The California MTUS guidelines recommend Flexeril as an option, used in a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that a shorter course may be better and treatment should be brief. Flexeril is a skeletal muscle relaxant and a central nervous system depressant. The documentation shows that the injured worker has been on Flexeril for some months, yet he still complains of spasms. The medication has not made clinical improvement and continuation would not be beneficial. In addition the request did not contain the frequency. Therefore, the request for 60 Flexeril 10 mg is not medically necessary.

**30 ACETADRYL 25/500 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, insomnia treatment.

**Decision rationale:** The injured worker complained of continuous pain to the neck and bilateral arms, rating it at a regular average of 7/10 on a 0 to 10 scale. The California MTUS Guidelines do not specifically address the medication Acetadryl. Therefore, alternative guidelines have been used. Acetadryl is a combination of acetaminophen and Benadryl. As for acetaminophen, the California MTUS Chronic Pain Medical Treatment Guidelines recommend for use in chronic pain and acute exacerbations of chronic pain with caution about daily doses of acetaminophen and liver disease if over 4 grams per day or in combination with other NSAIDs. The Official Disability Guidelines recommend that insomnia treatment be based on the etiology with the recommended medications, benzodiazepines, non-benzodiazepines, melatonin receptor agonists, and sedating antihistamines, which are primarily over the counter medications. Sedating antihistamines such as Benadryl have been suggested for sleep aids. Tolerance seems to develop within a few days. Next day sedation has been noted, as well as psychomotor and cognitive function. Per documentation, the injured worker has been on the medication, yet he still complained that the pain wakened. The efficacy of the medication was not documented. In, addition the request did not include the frequency. Given the above, the request for 30 Acetadryl 25/500 mg is not medically necessary.