

Case Number:	CM13-0024681		
Date Assigned:	11/20/2013	Date of Injury:	02/19/1998
Decision Date:	01/08/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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.

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 patient is a 66-year-old female who reported a work related injury on 02/19/1998. The patient has been treated for chronic neck/back pain. The patient's MRI of the cervical spine dated 05/23/2013 revealed artifact related to metallic hardware at the C5, C6, and C7 levels. Anterior metallic plate and screws were evident of these levels. Disc desiccation was seen at all levels. There was also bilateral multilevel facet degenerative changes noted. The patient has participated in a gym exercise program for approximately 14 months. The patient's medications include Butalbital/aspirin/caffeine, Imitrex, Lexapro, and Alprazolam. The patient's diagnoses are listed as lumbar postlaminectomy syndrome, lumbar spondylosis, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six month gym membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Gym Memberships..

Decision rationale: The clinical note dated 04/29/2013 stated the patient presented with neck pain and low back pain. The patient rated her pain as a 6/10. Physical exam of the patient on

this date noted full range of motion to the head and neck. Full range of motion was also noted to the upper and lower extremities. Tenderness to palpation was noted on the left paralumbar, right paralumbar, and tender facet joints. It was noted that the patient had been complaining of left sided neck pain, lateral to C7 that radiated into the bilateral parietal, occipital, and temporal areas. The patient stated that the pain also radiated into the left triceps and left trapezius and she also had pain in the parathoracic musculature bilaterally as well. The pain was noted to have been worse lately. The clinical note dated 08/12/2013 stated that the patient presented with low back pain and neck pain. It was noted the patient had carpal tunnel surgery on her right hand. She was advised to use tramadol for pain and Butalbital was added for the patient's headaches. The doctor noted that the patient needed to continue her gym membership as this allowed her to continue her activities of daily living and continue her activity level while keeping her analgesic use at a decreased level. California Medical Treatment Guidelines for Chronic Pain indicate that exercise is recommended yet there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Official Disability Guidelines further state that gym memberships are 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. There is no documentation submitted stating the patient had tried and failed a home exercise program. Furthermore, there was no documentation submitted that the patient had a need for gym equipment. Guidelines further state with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient due to the lack of supervision. Therefore, the request for additional 6 month gym membership is non-certified.

Butalbital-Aspirin-Caffeine 50mg-325mg-40mg tablet, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Barbiturate-containing analgesic agents..

Decision rationale: The clinical note dated 04/29/2013 stated the patient presented with neck pain and low back pain. The patient rated her pain as a 6/10. Physical exam of the patient on this date noted full range of motion to the head and neck. Full range of motion was also noted to the upper and lower extremities. Tenderness to palpation was noted on the left paralumbar, right paralumbar, and tender facet joints. It was noted that the patient had been complaining of left sided neck pain, lateral to C7 that radiated into the bilateral parietal, occipital, and temporal areas. The patient stated that the pain also radiated into the left triceps and left trapezius and she also had pain in the parathoracic musculature bilaterally as well. The pain was noted to have been worse lately. The clinical note dated 08/12/2013 stated that the patient presented with low back pain and neck pain. It was noted the patient had carpal tunnel surgery on her right hand. She was advised to use tramadol for pain and Butalbital was added for the patient's headaches. The doctor noted that the patient needed to continue her gym membership as this allowed her to continue her activities of daily living and continue her activity level while keeping her analgesic use at a decreased level. Official Disability Guidelines state that barbiturate-containing analgesic

agents are not recommended for chronic pain as the potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesic agents due to the barbiturate constituents. Furthermore, there was no submitted documentation of any subjective complaints of a headache or headaches that had changed/increased in the patient to warrant the use of this medication. As such, the request for Butalbital/aspirin/caffeine 50 mg/325mg/40mg tablet #180 is non-certified.