

Case Number:	CM13-0033219		
Date Assigned:	04/25/2014	Date of Injury:	03/04/2008
Decision Date:	06/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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, Pain Management, has a subspecialty in Interventional Spine 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 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:

This patient is a 41-year-old male with a date of injury of 03/04/2008. The listed diagnoses per [REDACTED] are left ankle fracture status post fusion with persistent pain; left knee internal derangement; and low back pain. According to report dated 09/13/2013 by [REDACTED], the patient presents with left ankle pain. The pain is described as sharp and intense and interferes with walking and standing. The patient reports he has spasms in the left lower extremities and numbness and tingling in the bottom of the foot. Examination revealed some tenderness in the lateral part of the left ankle with limited range of motion of the left ankle and foot due to pain. The treating physician is requesting tramadol ER #45, Diclofenac 100 mg #45, and a gym membership with a pool. Utilization review dated 10/01/2013 denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-61, 88-89, 80-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the patient presents with left ankle pain. The pain is described as sharp and intense and interferes with walking and standing. The patient has been taking Tramadol since at least 04/01/2013. Report 07/09/2013 notes patient is able to return to work with the medications and is currently working full time. Given the patient's chronic pain and return to full time work with the medication, Tramadol is recommended. The request for Tramadol ER # 45 is medically necessary and appropriate.

DICLOFENAC 100 MG #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: Diclofenac is an NSAID. The MTUS Guidelines supports the use of NSAIDS for chronic low back pain as a first line of treatment. Medical records indicate the patient has been taking this medication since at least 08/09/2013. This medication is intended for chronic back pain as a first line of treatment and the treating physician has reported the patient has returned to work full time with the current medication regimen. Therefore, the request for Diclofenac 100 mg # 45 is medically necessary and appropriate.

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, Ankle and Foot, Knee and Leg & Low Back: 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).

Decision rationale: The Official Disability Guidelines (ODG) states "It is not recommended as a medical prescription unless it documented home exercise program with periodic assessment or revision have not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professions." While an individual exercise program is recommended, outcomes that are not monitored by healthcare professional such as gym memberships or advance home exercise equipments are not recommended and not covered under the ODG guidelines. Therefore, the request for a gym membership is not medically necessary and appropriate.