

Case Number:	CM13-0038094		
Date Assigned:	12/18/2013	Date of Injury:	07/01/2009
Decision Date:	03/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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. 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 patient is a 38-year-old female who reported an injury on 08/18/2009 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her low back. The patient ultimately underwent lumbar fusion surgery. The patient's most recent clinical examination revealed that the patient had continued complaints of muscle cramps and low back pain. The physical findings included tender to palpation of the calf muscles bilaterally and equal bilateral lower extremity reflexes. It is noted within the documentation that the patient participates in a home exercise program, uses medications for pain management, and participates in pool activities. Recommendation was made for the patient to continue home activities, medications, and enroll in a 1-year gym/pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym with pool membership: Upheld

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

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 Chapter, Gym Memberships.

Decision rationale: The requested one year gym with pool membership is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued minor deficits that can be addressed by a home exercise program. However, the Official Disability Guidelines do not recommend a medical prescription for gym and pool membership unless the patient has failed to progress while participating in an unsupervised home exercise program. Additionally, it is stated that "gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore, not covered under these Guidelines." The clinical documentation submitted for review does not provide any evidence that the patient has failed to progress in a home exercise program and requires equipment that cannot be used in the home. Therefore, the requested one year gym with pool membership is not medically necessary or appropriate.

Cyclobenzaprine 1 po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 1 by mouth twice a day #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for at least 1 month. There is no documentation of functional benefit provided as a result of this medication as the patient continues to have muscle spasming. Additionally, the California Medical Treatment and Utilization Schedule do not recommend extended use of this medication beyond 2 to 3 weeks. The clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond Guideline recommendations. As such, the requested Cyclobenzaprine 1 po bid #60 is not medically necessary or appropriate.

Misiflex (vitamin compound dispensed from office): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

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, Medical Food.

Decision rationale: The requested Misiflex (vitamin compound dispensed from office) is not medically necessary or appropriate. The Official Disability Guidelines only recommend medical food to include vitamins when there are nutritional deficits noted upon examination that would benefit from the addition of a supplement. The clinical documentation submitted for review does not provide any evidence that the patient has deficits that would require supplementation.

Therefore, the need for this vitamin is not clearly established. As such, the requested Misiflex (vitamin compound dispensed from office) is not medically necessary or appropriate.