

Case Number:	CM13-0038581		
Date Assigned:	12/18/2013	Date of Injury:	06/24/2003
Decision Date:	02/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 60 year old female with a diagnosis of thoracic or lumbo sacral neuritis or radiculitis, diabetes, unspecified acquired hypothyroidism, unspecified derangement of ankle and foot joint, and post-laminectomy syndrome of the lumbar region. In addition she has chronic neck and low back pain. The date of injury was 6/24/2003. During the visit on 6/27/13, the patient described worsening low back, right knee, left arm pain. Both legs had increasing numbness. Significant examination findings included motor weakness with right ankle dorsiflexion, plantar flexion, extensor hallucis longus, and left upper and lower extremity, pain with neck motion, positive straight leg raiser, moderate tenderness in lumbo sacral area, and pain with range of motion. Current medications include niacin, Pristiq, fiber, Byetta, ibuprofen, Levoxyl, Lovaza, Lyrica, metformin, and Q-Pap. The issue(s) are whether a 6 month gym membership, 1 prescription of Gabapentin 100mg #90 with 1 refill, 1 prescription of Ibuprofen 600mg #60 with 1 refill; 1 prescription of Tylenol 500mg #120 with 1 refill, and 1 prescription of Pristiq 50mg #30 with 1 refill are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) month 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, Knee & Legg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Section-Physical therapy (PT) & Exercise, Topic: Low Back Knee & Leg (Acute & Chronic).

Decision rationale: The Official Disability Guidelines (ODG) state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. The ODG state that temporary transitional exercise programs may be appropriate for patients who need more supervision, and that 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. The documentation does not include any discussion that the patient has attempted and failed a home program, requiring the need for specialized gym equipment. Also, the utilization of an unmonitored gym membership is not recommended by the ODG. The treating physician recommended gym membership due to patient's subjective pain relief under water pool, as she has joined a pool of her own. MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. However, passive exercise therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The recommended duration of therapy for myalgia and myositis, are 9-10 visits over 8 weeks, while neuralgia, neuritis, and radiculitis, are 8-10 visits over 4 weeks. The patient had over two months "under water pool therapy" way over the recommended duration guidelines, therefore, gym membership for six months is not medically necessary.

Gabapentin 100mg #90 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Epileptic Drugs Page(s): 17-18.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 17, section on Anti-Epileptic Drugs Gabapentin (Neurontin®) is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin (Neurontin®); Pregabalin (Lyrica®); A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Gabapentin produced statistically significant improvement in walking distance, decrease in pain with movement and sensory deficit in a pilot study. There is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain. The Guidelines indicate that gabapentin is considered as a first-line treatment for neuropathic pain. The patient has neuropathic pain; Therefore 1 prescription of Gabapentin 100mg #90 with 1 refill is medically necessary.

Ibuprofen 600mg #60 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAID Page(s): 22, 67-69.

Decision rationale: CA- MTUS (Effective July 18 2009) page 22, 68 and 69 indicated that anti-inflammatory such as NSAIDs are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. NSAIDs are recommended as an option for short-term symptomatic chronic low back pain relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Both acetaminophen and NSAIDs have been recommended as first line therapy for chronic low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. Ibuprofen (Motrin®, Advil® [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for

osteoarthritis. The patient is prescribed a maximum dose of 1200mg/day; therefore, 1 prescription of Ibuprofen 600mg #60 with 1 refill is medically necessary.

Tylenol 500mg #120 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. Both acetaminophen and NSAIDs have been recommended as first line therapy for chronic low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. In the past many low back pain guidelines recommended acetaminophen as a first line treatment but recent systematic reviews either failed to find evidence to support the view that acetaminophen was effective for the treatment of non-specific low back pain or found that there was only "fair" quality evidence to support use vs. "good" quality evidence for NSAIDs. Problems with research in this area include a lack of large high quality trials, inadequate reporting of methods and results, and choice of treatment contrasts. Further research on this topic has been suggested. It appears that part of the reason that acetaminophen was recommended as a first-line treatment over NSAIDs in most guidelines, in part, was that acetaminophen appeared to have less adverse effects. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. The prescribed dose for this patient is a maximum of 2g/day; Therefore 1 prescription of Tylenol 500mg #120 with 1 refill is medically necessary.

Pristiq 50mg #30 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Topic; Desvenlafaxine (Pristiq).

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Desvenlafaxine (Pristiq) is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated.

Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). There is no documentation that a trial of tricyclic anti-depressants was offered and found to be ineffective, poorly tolerated or contraindicated, therefore, 1 prescription of Pristiq 50mg #30 with 1 refill is not medically necessary.