

Case Number:	CM13-0039112		
Date Assigned:	12/18/2013	Date of Injury:	07/02/2002
Decision Date:	02/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, 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 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 57 YO female with a date of injury of 07/02/2002. UR dated 09/10/2013 recommends denial of gym membership and Lidoderm and modified certification for unknown prescription of Colace to #60 and Biotene to #1 bottle. According to report dated 08/07/2013 by [REDACTED], patient presents with lower back pain. Examination found loss of normal lordosis and restricted ROM. On palpation, paravertebral muscles, hypertonicity, spasms, tenderness and tight muscle band is noted. SLR is positive on left side at 60 degrees. Patient has diagnoses of post lumbar laminectomy syndrome, spinal DDD, lumbar pain, and lumbar disc displacement. Medical records indicate patient's medications include Norco, Gabapentin, Trazodone, Zanaflex, Hydrochlorothiazide and Coumadin. Pain medication regimen is noted to be helpful in decreasing pain and increasing functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership at In Shape between 8/7/13 and 3/8/14: 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 Chapter, Guidelines on Gym Membership

Decision rationale: This patient presents with chronic lower back pain. Treater requests gym membership x6 at In Shape to expand the exercise program by utilizing the equipment to increase ROM and strength. Gym memberships are not specifically addressed in ACOEM. However, ODG guidelines state it is 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. Treatments need to be monitored and administered by medical professionals. While an individual exercise program is recommended, outcomes that are not monitored by a health professional, such as gym memberships or advanced home exercise equipment is not recommended. Recommendation is for denial.

Colace between 8/7/13 and 11/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: This patient presents with chronic lower back pain. According to report dated 07/10/2013, patient reports symptoms of constipation due to medication use. In report, dated 07/04/2013 treater recommends adding Colace to patient's medication for complaints of constipation. The request was for an unknown quantity. UR modified request to #60 with any additional amounts being non-certified. MTUS guidelines discuss prophylactic medication for constipation when opiates are used. In this case, the patient has been taking Norco and complains of constipation, prophylactic treatment can be initiated as stated by guidelines. However, the treater needs to provide dosing and amount. UR modification to #60 appears appropriate and the treater has not provided any additional information. Recommendation is for denial of unspecified quantity of Colace.

Lidoderm between 8/7/13 and 11/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: This patient presents with chronic lower back pain. Treater is requesting refill prescription for Lidoderm 5% patch for one patch to skin, daily. MTUS pg 56, 57 states Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This patient does not present with localized peripheral pain. The patient

suffers from low back and leg symptoms with post-laminectomy syndrome. Recommendation is for denial.

Biotene between 8/7/13 and 11/8/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for preventive activities in general practice, 8th edition. East Melbourne (Australia): Royal Australian College of General Practitioners; 2012. P. 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with chronic lower back pain. Treater is requesting Biotene mouthwash for patient's dry mouth complaints. Medical records indicate patient medications include Norco, Gabapentin, Trazodone, Zanaflex, Hydrochlorothiazide and Coumadin. MTUS, ACOEM and ODG do not discuss the use of Biotene for dry mouth. Therefore, reliance for determination is on a lower ranked standard only since higher ranked standard is inapplicable to the employee's medical condition. Based on generally accepted standards of medical practice Biotene can be used to treat dry mouth. Dry mouth has been a common side effect to such medication as Norco and Zanaflex. This request was already authorized for 1 bottle per UR. Current request does not specify quantity and dosing. Recommendation is for denial of unspecified quantity of Biotene.