

Case Number:	CM13-0040050		
Date Assigned:	12/20/2013	Date of Injury:	05/23/2011
Decision Date:	02/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine, Pulmonary Diseases 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 reported an injury on 05/23/2011. The mechanism of injury was stated to be the patient was getting out of his patrol car when he felt a sharp pain in his knee. The patient was noted to have a left knee arthroscopy on 12/21/2012 and a right shoulder arthroscopy on 05/17/2013. The patient was additionally noted to have bilateral knee arthroscopies in 2011. The patient was noted to have trigger points and taut bands with tenderness to palpation throughout the lumbar spine. The patient was noted to have tenderness to palpation about the lumbar paravertebral musculature and sciatic notch. The patient's range of motion in the lumbar spine was noted to be decreased. The patient's deep tendon reflexes and lower extremity motor testing were noted to be normal. The Wartenberg pinprick was noted to be nonfocal and symmetrical. The straight leg raise in a modified sitting position was negative bilaterally at 60 degrees. The patient was noted to have bilateral knee tenderness along the medial and lateral joint lines. The diagnoses were noted to include bilateral knee internal derangement, right shoulder internal derangement, and lumbar myoligamentous injury. The request was made for medications including Anaprox, Prilosec, and Topamax, as well as a gym membership with access to a pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox Page(s): 72-73.

Decision rationale: California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the patient had findings of osteoarthritis and failed to provide the efficacy of the medication. There is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Anaprox DS 550 mg #60 is not medically necessary.

Priolec 20mg #60: 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), NSAIDs, GI Symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation failed to indicate the patient had signs and symptoms of dyspepsia as well as the efficacy of the requested medication. The clinical documentation submitted for review failed to provide support for the use of concurrently submitted Anaprox, an NSAID, and as such, the request for Prilosec 20 mg #60 would not be medically necessary.

Topamax 25mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax Page(s): 21.

Decision rationale: California MTUS guidelines indicate that Topamax is recommended for neuropathic pain and it is considered when other anticonvulsants fail. The clinical documentation submitted for review indicated the physician was prescribing Topamax as an anti-neuropathic pain medication with mild anorexic properties, which should help the patient to lose weight as the weight was noted to be 300 pounds. The physician opined the patient should get down to 240 pounds. There was a lack of documentation indicating that other anticonvulsants

had failed and that the patient had neuropathic pain either subjectively or objectively. Given the above, the request for Topamax 25 mg #120 is not medically necessary.

gym membership unlimited with pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Health Clubs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, Gym Memberships.

Decision rationale: Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Clinical documentation indicated that the physician would like the patient to lose weight and the 24 hour gym was by the patient's home. However, it failed to include exceptional factors to warrant non adherence to guideline recommendations. Given the above, the request for gym membership unlimited with pool access is not medically necessary.