

Case Number:	CM13-0040894		
Date Assigned:	12/20/2013	Date of Injury:	09/12/2001
Decision Date:	05/19/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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:

The claimant is a 63 year old individual injured on work related accident September 12, 2001 sustaining an injury to the neck and low back. The clinical assessment with Dr. Akmakjian indicated a chief complaints of low back pain, leg pain and neck pain. It states she recently had a bout of shingles however nerve root distribution was not documented. The physical examination showed spasm to the cervical spine, diminished sensation bilaterally from C5 through C7 and motor weakness at C5 through C7. The lumbar spine evaluation showed a healed prior surgical incision with continued muscular spasm limited range of motion and weakness at 4/5 globally. The claimant's working diagnosis is status post multiple lumbar fusion, she was also with a diagnosis of chronic neck pain with intractable low back pain and history of pulmonary blood clots. The treating physician recommendation was for a lifetime membership for gym and pool therapy for her underlying cervical and lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIFETIME ACCESS-POOL THERAPY/SWIMMING AT A GYM FOR THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS states, "Low-stress aerobic activities can be safely started after the first two weeks of symptoms to help avoid debilitation. Careful stretching exercises within the normal range of motion may be helpful to avoid further restriction of motion. Exercises to strengthen low back and abdominal muscles are commonly delayed for several weeks, but early stage lumbar stabilization exercises can be used without aggravation of symptoms. " The Official Disability Guidelines criteria state a gym membership is not considered medically treatment. The membership such as gyms, health clubs and swimming pools are typically considered personal lifestyle decisions. The context of a gym membership and health clubs and swimming pools do not fall under the context of medical treatment. The continued use of this modality would be considered a lifestyle decision independent of the claimant's work related injury. This request is not medically necessary.

NUCYNTA ER 200MG #80: 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 Page(s): 91-94.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Nucynta in this case cannot be supported. Nucynta is similar to tramadol, a central acting nonnarcotic analgesic and would not be indicated in this individual. Records indicate chronic course of care dating back to 2001. At present, the role of central acting nonnarcotic analgesics are only recommended per Guideline criteria in the chronic setting for up to sixteen weeks with efficacy beyond that period of time not supported. Given the claimant's injury date of thirteen years ago, there would be no indication for the continued role of this agent which has now been used in the chronic setting. The request for Nucynta ER 200mg #80 is not medically necessary.