

Case Number:	CM13-0040907		
Date Assigned:	12/20/2013	Date of Injury:	05/20/2011
Decision Date:	04/14/2014	UR Denial Date:	10/07/2013
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 Family Medicine 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:

This injured worker's date of injury was 05/20/2011. The injured worker's physician is treating her reflex sympathetic dystrophy of her right lower extremity. The patient also has chronic low back pain with lumbar radiculopathy. On 08/23/2013 she had a spinal cord stimulator placed near T8 and on 09/12/2013 she underwent placement of a SCS. Her treating physician has requested authorization of Pamelor, Robaxin, and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A GYM MEMBERSHIP WITH POOL ACCESS FOR 6 MONTHS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

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 PAIN, GYM MEMBERSHIP UPDATED 11/14/13

Decision rationale: This patient has chronic low back pain and radicular symptoms in the right lower extremity. The documentation in the medical record does not state that here are specific modalities or equipment that are medically indicated for this patient's treatment. In addition, a

gym membership does not include supervision by medically personnel. The activities would, in fact, be medically unsupervised and therefore the request is non-certified.

PRESCRIPTION OF PAMELOR 50MG, #60: 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): 13-16.

Decision rationale: This injured worker is being treated for chronic low back pain with radicular symptoms including a complex regional pain problem. This request is for Pamelor (nortriptyline), which is a second generation tricyclic anti-depressant medication. This medication may be indicated for the treatment of neuropathy especially if it accompanied by major depression. It is not indicated for cases of spinal cord pain or phantom limb pain. The benefit for low back is small and tricyclic meds can cause significant side effects. Regarding radiculopathy there is no firm evidence that tricyclics are helpful. Based on the documentation, the request for Pamelor is non-certified.

PRESCRIPTION OF ROBAXIN 750MG, #60: 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): 63-65.

Decision rationale: This injured worker is being treated by her physician for chronic low back pain with radicular symptoms. The request is for Robaxin (methocarbamol) which is a muscle relaxer, specifically classified as an antispasmodic. This medication is only indicated for short term use, as there is no evidence for any efficacy over the long term. When compared with placebo, there is little difference and antispasmodics may cause side effects, which can be significant. Based on the documentation submitted, the request for Robaxin is non-certified.