

<b>Case Number:</b>	CM13-0047281		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and rehabilitation, has a subspecialty in Pain Management, 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 injured worker is a 60-year-old with a date of injury of May 14, 2007. The patient has diagnoses of cervicgia, cervical stenosis, low back pain , sacroiliac pain, and lumbar DDD (degenerative disc disease). The disputed issues include a request for self-directed aqua therapy, Nexium, Celebrex, and a retrospective request for portable 60 mg given on September 19, 2013. The utilization review determination dated October 24, 2013 had non-certified these requests. The request for Celebrex was non-certified on the basis that the patient did not demonstrate functional improvement on this medication. The Toradol was non-certified on the basis that the patient has chronic pain, and the guidelines specify this medication is indicated for acute pain. The Nexium was non-certified because criteria specify by the California Medical Treatment and Utilization Schedule for use of proton pump inhibitors was not met. The gym membership was non-certified as per Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12-month gym membership for self-directed aqua therapy: 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 Chapter, Lumbar and Thoracic (Acute and Chronic) Section

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

**Decision rationale:** The Physician Reviewer's decision rationale: With regard to the request for gym memberships, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships (in both the Knee and Low Back Chapter) with the following recommendation: "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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise." With regard to the request for self-directed aquatic therapy, the Official Disability Guidelines clearly recommend against unsupervised exercise programs. Furthermore, there is no indication this patient needs specialized equipment. The request for a 12-month gym membership for self-directed aqua therapy is not medically necessary or appropriate.

**Celebrex 200 mg, 60 count, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI (gastrointestinal) Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

**Decision rationale:** The Chronic Pain Medical Treatment Medical Guidelines on page 30 states the following: "Celebrex<sup>®</sup> is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures." The Celebrex prescription was to cover the patient from the month of September 2013 through January 2014. It was a total of a 3 three month supply (1 month plus 2 refills). The submitted documentation does not indicate functional benefit from this medication. In fact, a progress note beyond 9/25/13 is not available for review. The request for one prescription of Celebrex 200 mg, 60 count, with 2 refills, is not medically necessary or appropriate.

**Nexium 40 mg oral delayed release, 30 count with four refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) and NSAIDs (non-steroidal anti-inflammatory section) Section Page(s).

**Decision rationale:** "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" None of the above criteria for PPI usage was mentioned in the submitted documentation. The patient is less than 65 years of age. Even though NSAID usage is concurrent, patient with no identifiable risk factors for gastrointestinal disease do not warrant concomitant PPI treatment. The request for one prescription of Nexium 40 mg oral delayed release, 30 count with four refills, is not medically necessary or appropriate.

**Toradol 60 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

**Decision rationale:** The Chronic Pain Medical Treatment Medical Guidelines specifies the following regarding Toradol: "Ketorolac (Toradol®, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." This patient clearly has chronic pain. Furthermore, there is not a sufficient explanation for the usage of injected Toradol. The relevant progress note specifies that the patient is unable to tolerate NSAIDs today, but there is no further explanation. The request for one prescription for Toradol 60 mg is not medically necessary or appropriate.

