MAXIMUS Federal Services

Case Number:	CM13-0047293		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2012
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	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 & 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 37 year old female with date of injury 05/30/2012. The listed diagnoses per [redacted] dated 09/26/2013 are: 1. Carpal tunnel syndrome 2. Rotator cuff syndrome 3. Sprains and strains of thoracic region 4. Diabetes type 2 According to progress report dated 09/26/2013 by [redacted], the patient complains of increased pain in the bilateral hands and arms radiating to the arms, chest and legs. She describes her pain as sharp, stabbing, shooting, tingling, dull, aching, gnawing, nagging and severe. The patient rates her pain an average of 5-6/10 and 7/10 at its worst. Her pain is exacerbated by activity such as chores and yard work. It is alleviated with rest, changing positions, decreasing neck and arm movements. She has also fallen several times recently. Objective findings shows a well healed surgical scar in the proximal right wrist. Motor strength testing of the bilateral hips, bilateral knees and bilateral ankles are within normal limits. There is decreased sensation to light touch noted in the left lateral calf. Patellar reflex is 1+ on the left and not elicited on the right. Achilles tendon reflex are 1+ bilaterally. The treating physician is requesting a gym membership for pool access and a refill for Lyrica 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership: 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), web version: Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Gym Membership for Low Back chapter.

Decision rationale: This employee presents with chronic bilateral wrist pain and back pain. The treating physician is requesting a gym membership for pool access in order to reduce stress on the lower back while strengthening the core, back and leg muscles. The MTUS guidelines recommend exercise, but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." The ODG guidelines for the lumbar spine do not recommend gym memberships as medical treatment. They are not recommended as a 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." Progress report 09/26/2013 by the treating physician, notes the employee is continuing with a home exercise program and medication routine. The employee seems to be able to perform the home exercise program without the need for special equipment. The gym membership does not appear to be in accordance with ODG guidelines, and exercise specific for a gym do not appear to be necessary over home exercises. Recommendation is for denial.

Lyrica 300 mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy Drugs (AEDs): Lyrica.

Decision rationale: This employee presents with chronic bilateral wrist pain and back pain. The treating physician is requesting a refill for Lyrica for diabetic neuropathy. The MTUS guidelines on Lyrica recommend it for "treatment of diabetic neuropathy and postherpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin (Lyrica) is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The ODG guidelines further states that "this medication is considered a first-line treatment and is not recommended for acute pain." Review of records from 04/02/2013 to 11/25/13 show that the employee has been taking Lyrica since 04/02/2013. Progress report dated 10/31/13 by the treating physician, documents that "the [employee] is tolerating Lyrica and is helping with the neuropathic aspect of her pain." In this case, the employee has chronic pain of the upper extremities suggestive of neuropathic pain and possibly associated with diabetes. Lyrica is warranted to relieve the employee of neuropathic pain symptoms. Recommendation is for authorization.