

Case Number:	CM13-0049507		
Date Assigned:	12/27/2013	Date of Injury:	09/29/2008
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida, and Maryland. 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 45 years old male with date of industrial injury on 9/29/1208. Patient underwent hardware removal from the lumbar spine on 8/8/13. He has muscle strength of 5/5 bilateral lower extremities and does not report any sensory abnormalities. In the most recent medical report dated November 1, 2013, the treating physician stated: Today, I received the Spine Surgery Reevaluation Report of [REDACTED] dated 10/21/13. It did indicate that the patient was 2-1/2 months post lumbar spine revision, decompression and removal of hardware. He was complaining of radiating pain in the lower extremities bilaterally and he felt that this was a little bit better than before the surgery of removing the hardware, but it was still present. He also stated that he had some new pain in his right lower extremity. The patient's physical examination revealed that the incision was intact. He ambulated with the assistance of a walker. Motor and sensory function in the lower extremities bilaterally was intact. The impression was 2-1/2 months status post lumbar spine revision and decompression and hardware removal posteriorly, doing well. [REDACTED] stated that it appeared that the Polar care device is helping and he should continue using this as needed. It was a little too early to start physical therapy at this point. He wanted to wait until 6 more weeks when he reevaluates the patient for start in therapy. In the most recent medical report dated 9/17/2013 states: The patient comes in today. The patient continues to have back pain at 8/10. He has had his hardware removed on 8/8/13. He also had the pedicle screws and the rods removed. He still has some screws within the bone at the L5-S1 level. He is not sure if he has improved since the hardware removal. He is not doing therapy sessions. He is not working. He takes Tylenol for pain, Naprosyn 550 mg b.i.d., Xanax, anti-inflammatory, Flexeril 7.5 mg as a muscle relaxant and Prilosec 20 mg. He has no antidepressants or mood elevators and will start on Prozac 20 mg and he also had renewal of his other medications. He

requested Prozac #60, Tylenol #4 #90, Naprosyn 550 mg #60, Flexeril 7.5 mg #90 and Prilosec 20 mg#90. At issue is the request for GYM membership with Arthritis Pool 3 x wk x 1 year to the Back; Prozac 20mg #60; Tylenol #90; Naproxen 550mg #60; Flexeril 7.5mg #90; Prilosec 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym with arthritis pool 3 times a week times 1 year for back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Gym Memberships

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Regarding Gym Membership, ODG-TWC states: Gym Memberships: "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." There is no documentation of a need for special equipment and/or a trial and failure of a home exercise program. Furthermore, this request would not be considered medical in nature as it is not monitored by a medical professional. Treatment (work related activity) must be specific to the worker's needs, and the worker's work tasks. Activity must resemble work tasks. Specificity of training is desirable to maximize carry over to work tasks. In many cases activity can be prescribed so that it can be performed in the workers usual settings (i.e. work or home), without the need to introduce an alternate setting (i.e. the gym). This also supports early progression towards self-management, rather than developing reliance on equipment that is not available at work or home, and/or on the medical clinics. The additional costs of gym membership and treatment provider travel could not be considered reasonably necessary if treatment using work related activity can be effectively provided in the clinic, home, or work environment. Therefore the request for a gym/fitness membership is not medically necessary.

Prozac 20mg #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 SSRIs and NSAIDS Page(s): 69.

Decision rationale: The concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents (adjusted odds ratio of 1.77 and 1.33, respectively). (Helin-Salmivaara, 2007). The patient treating internist discontinued the Ibuprofen because of gastritis as well as Laxacin, but continued Prozac for

depression, Lyrica 150mg three times per day as well as Dendracin lotion for neuropathic pain. Omeprazole was prescribed for GI symptoms and Fioricet for headaches. CA MTUS (Effective July 18, 2009) states that SSRIs is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression requires documentation of "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing anti-depressant therapy. The patient has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication. The prescription of Prozac is not medically necessary.

Tylenol #90: 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 Pain Interventions and Treatments Page(s): 12.

Decision rationale: Regarding Tylenol prescription, it appears Tylenol#4 which is a combination of Hydrocodone and Acetaminophen was prescribed instead of Tylenol alone. This review was based on Tylenol alone as requested in the work sheet. CA MTUS requires documentation of "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing pain medication therapy. The patient has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication. As such, certification for Tylenol #90 is not medically necessary.

Naproxen 550mg #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 NSAIDS Page(s): 22, 47, 66-68.

Decision rationale: NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs, in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long term effectiveness for pain or function. Specific recommendations: Osteoarthritis (including knee and

hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. (text, pg. 47). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Requires documentation of "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing anti-inflammatory medication therapy. The patient has been approved for this medication in the past. There was no documentation of subjective or objective benefit from use of this medication.

Flexeril 7.5mg #90: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: With respect to Flexeril 7.5mg #90, CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain or any improvement while on the medication. Therefore the request for Flexeril 7.5 mg#90 is not medically necessary.

Prilosec 20mg #90: 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 GI and cardiovascular risk Page(s): 68.

Decision rationale: Prilosec or PPI is recommended with precautions in patients taking NSAID, because of potential development of gastro-intestinal bleeding. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. the guideline confirms that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses, and this patient does not belong to any of these categories. Therefore the request for Prilosec 20mg #90 is not medically necessary.

