

Case Number:	CM13-0050954		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2004
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 57-year-old female who reported an injury on 11/05/2004. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the right knee and right ankle on that day. This ultimately resulted in a total knee replacement. The patient's treatment history included medications, physical therapy, a home exercise program, epidural steroid injections, and cognitive behavioral therapy. The patient developed chronic pain that was managed with medications. The patient's medication schedule included Ambien, Trazodone, Xanax, Cymbalta, Nucynta, and Flexeril. Physical findings included decreased range of motion secondary to pain and a waddling gait. The patient's diagnoses included chronic pain syndrome/fibromyalgia, lumbar facet syndrome, lumbar stenosis, right shoulder impingement syndrome, status post bilateral knee replacement, obesity, and severe sleep disorder. The patient's treatment plan included continuation of medications with an increase in Nucynta and a 1-year gym membership with pool access where she can self-treat for aqua therapy in a more cost effective manner.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one (1) year gym membership with pool access: 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 Aquatic Therapy Section Page(s): 22.

Decision rationale: The prospective request for 1 year gym membership with pool access is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been participating in aquatic therapy. However, the efficacy of that therapy is not established within the documentation. The patient's clinical presentation has not significantly changed to support the need for aquatic therapy. The California Medical Treatment and Utilization Schedule recommends aquatic therapy when patients benefit from a non-weight bearing environment while participating in active therapy. The clinical documentation does indicate that the patient is participating in a home exercise program. Therefore, the medical need for a non-weight bearing environment is not established. Additionally, the Official Disability Guidelines do not recommend gym memberships as a medical prescription due to the lack of medical professional supervision. There is no documentation that the patient would be medically supervised during self-directed aquatic therapy. As such, the requested Prospective request for 1 year gym membership with pool access is not medically necessary or appropriate.

Trazodone 100 mg:

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 Benzodiazepines Section Page(s): 24.

Decision rationale: The prospective request for 1 prescription of Trazodone is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule does not recommend the use of benzodiazepine for an extended duration. Additionally, the clinical documentation does not provide any evidence of functional benefit or symptom relief as a result of the continued use of this medication. As such, the requested Prospective request for 1 prescription of Trazodone 100mg is not medically necessary or appropriate.

Cymbalta 60 mg: 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 Chronic Pain Section Page(s): 60, 13.

Decision rationale: The prospective request for 1 prescription of Cymbalta 60 mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends antidepressants in the management of a patient's chronic pain. However, the California Medical Treatment and Utilization Schedule states that medications that are used in

the management of a patient's chronic pain be supported by documentation of symptom relief and functional benefit. The clinical documentation submitted for review does not provide any quantitative assessments of symptom relief or functional benefit to support the continued use of this medication. As such, the requested Prospective request for 1 prescription of Cymbalta 60mg is not medically necessary or appropriate.

Nucynta 100 mg: 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 Opioids Section Page(s): 78.

Decision rationale: The requested Nucynta 100 mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule states that the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documented functional benefit, managed side effects, and evidence of compliance to the prescribed medication schedule. The clinical documentation submitted for review does indicate that the patient is provided significant pain relief with this medication. However, no quantitative assessment to support the efficacy of this medication was provided. Additionally, there is no documentation of functional benefit or that the patient is monitored for medication compliance. Therefore, the continued use of this medication would not be indicated. As such, the Prospective request for 1 prescription of Nucynta 100mg is not medically necessary or appropriate.

Flexeril 10 mg: 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 Muscle Relaxants Section Page(s): 63.

Decision rationale: The prospective request for 1 prescription of Flexeril 10 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule does not recommend the use of muscle relaxants for an extended duration. Additionally, there is no documentation of symptom relief or functional benefit related to this medication. As such, the Prospective request for 1 prescription of Flexeril 10mg is not medically necessary or appropriate.