

Case Number:	CM13-0053882		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2000
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine, Pulmonary Diseases, 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:

The patient is a 59-year-old male who reported an injury on 08/31/2000. The mechanism of injury was not stated. The patient is currently diagnosed with cervical pain, myofascial pain syndrome, and encounter for long-term use of other medication. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent pain. Physical examination revealed slightly decreased lordosis, tenderness in the cervical paraspinal muscles, tenderness in the facet joints and trapezii, and tenderness in bilateral paralumbar area. Treatment recommendations at that time included prescriptions for Duragesic, Elavil, Norco, and OxyContin.

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), Chapter 5221.6600, Health Clubs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Gym membership.

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. As per the documentation submitted, the patient does not appear to meet criteria for the requested service. There is no indication that this patient has failed to respond to a home exercise program. There is also no indication that this patient requires specialized equipment. Based on the clinical information received and the Official Disability Guidelines, the request for a GYM MEMBERSHIP is non-certified.

RHEUMATOLOGIST CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient has maintained a diagnosis of fibromyalgia, and is currently being treated for chronic pain. The medical necessity for the requested referral has not been established.

CIALIS 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of erectile dysfunction (ED) and signs and symptoms of BPH (www.pdr.net/drug-summary/cialis?druglabelid=2262).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014. (www.nlm.nih.gov).

Decision rationale: Cialis is used to treat erectile dysfunction, impotence, and symptoms of benign prostatic hyperplasia. As per the documentation submitted, the patient does not demonstrate signs or symptoms of benign prostatic hyperplasia. There is also no documentation of erectile dysfunction or impotence. It is also noted that the patient utilized Cialis 5mg in 04/2013. There was no documentation of improvement as a result of the ongoing use. Based on the clinical information received, the request for Cialis 5mg #30 is non-certified.

FIORICET #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), Benzodiazepines Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The California MTUS Guidelines state barbiturate containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy. As per the documentation submitted, the patient does not report chronic headaches or migraines. As Guidelines do not recommend the requested medication, the current request cannot be determined as medically appropriate. Therefore, the request for FIORICET #120 is non-certified.

KLONOPIN 1MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use to 4 weeks. As per the documentation submitted, the patient does report anxiety and depression. However, California MTUS Guidelines state a more appropriate treatment for an anxiety disorder is an antidepressant. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for KLONIPIN 1MG #90 is non-certified.