

<b>Case Number:</b>	CM13-0054797		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/09/2005
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 injured worker is a 30-year-old female with date of injury of 06/09/2005. The mode of injury was not provided. The injured worker was seen for a follow-up visit on 12/11/2013. The injured worker states she has constant left sciatica, neck pain, and migraines. With respect to her sciatica, the injured worker reports she has numbness in her toes half the time. The injured worker states she is doing home exercise, which consists of stretching mostly with a little bit of stomach tightening. It was noted in this office note that the injured worker was authorized for chiropractic treatment and did not state the number of sessions at this point. Medications are Percocet 10 mg 3 times a day, Soma, no dose or frequency noted, Ambien 5 mg nightly as needed, and Lyrica 50 mg, no frequency, but does state 4 tablets daily with mixed results. On physical examination, the physician noted lumbosacral region palpable tenderness across the lower back extending to the left buttocks more than the right side. Range of motion of lumbar flexion was with severe restriction, and extension remains minimal. On sensory exam, physician noted hypoesthetic and left L5-S1 pattern. The physician's assessment was chronic lower back pain, radiating down leg. The physician stated the injured worker was having some constant symptoms suggestive of L5 radiculitis due to epidural fibrosis, status post L5-S1 MLD, following by ALIF in 2009. The physician stated the injured worker had a good response after the spinal cord stimulator trial. Plan is for the injured worker to proceed with chiropractic as authorized, medications refilled, continue home exercise, and follow-up in 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EIGHT CHIROPRACTIC SESSIONS TO THE LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The California MTUS does note, for manual therapy and manipulation, it is recommended for chronic pain if caused by musculoskeletal conditions. For low back, it is recommended as an option, but does note a therapeutic care trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks. The office visit of 12/11/2013 noted that the injured worker was authorized chiropractic sessions at that time. The physician did not note how many sessions were approved. Also, there was no documentation for review stating that the injured worker has attended these sessions, how many sessions, and the effectiveness of these sessions. There was no documentation provided that showed the injured worker has increased in any functional way or an increase in activities of daily living. The request as submitted failed to provide a frequency of the requested chiropractic treatment. The request for eight sessions of chiropractic treatment for the lumbar spine is not medically necessary and appropriate.

## **SIX MONTH GYM MEMBERSHIP WITH A POOL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym Memberships Chapter.

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

**Decision rationale:** The Official Disability Guidelines state, for gym membership, it is 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 individualized exercise program is, of course, recommended, more elaborate personal care where outcomes are not monitored by health professionals, such as gym memberships or advanced home exercise equipment may not be covered under these guidelines. Within supervised programs, there is no information flow back to the provider so he or she can change in the prescription, and there may be a risk of further injury to the injured worker. Gym membership, health club, swimming pool, athletic club, etc. would not generally be considered medical treatment and, therefore, not covered under these guidelines. In this case, during the 12/11/2013 office visit, it was noted the injured worker is doing a home exercise program which consists of stretching mostly, but a little bit of stomach tightening. Per guidelines, a gym membership is not recommended under these circumstances. The request for a six month gym membership with a pool is not medically necessary and appropriate.

**PERCOCET 10 MG #90 WITH ONE PREDATED REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state, for opioid, on-going management, the review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Guidelines note the 4 A's for ongoing monitoring; 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation provided for review did note the injured worker was having pain that is radiating down her leg. Pain assessment was not completed and did not indicate if the medication was helping with the pain. Also, there no documentation if the injured worker is more functional and if the injured worker is able to do activities of daily living better at home as a result of the medication. Percocet is a short acting opioid for chronic pain. The request as submitted failed to provide the frequency at which the medication was to be taken to determine necessity. The request for Percocet 10 mg # 90 with one predated refill is not medically necessary and appropriate.

**SOMA #90 WITH ONE REFILL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma (R)) Page(s): 29.

**Decision rationale:** The California MTUS state Soma is not recommended. This medication is not indicated for long term use. It is noted abuse has been noted for sedative and relaxant effects. It is noted the main effect is usually generalized sedation and treatment of anxiety. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. The documentation provided did not note muscle spasms or that the medication has helped with any of the muscle spasms or pain for the injured worker. There was no documentation of increased functionality and increased activities of daily living. Also, the frequency at which the patient is to take the medication was not provided in the request as submitted to determine necessity. The request for Soma # 90 with one refill is not medically necessary and appropriate.

**AMBIEN 5 MG #30 WITH ONE REFILL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zoldipem Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien (R)).

**Decision rationale:** The Official Disability Guidelines state Ambien is a short acting, non-benzodiazepine hypnotic, which is approved for short term (usually 2 weeks to 6 weeks) treatment of insomnia. The documentation provided did not address if the injured worker was having any difficulties with insomnia or any type of sleep pattern disturbances. The documentation provided did note that patient has been on this medication longer than the recommended short term treatment. Also, the request as submitted failed to indicate the frequency at which the patient was to take the medication to determine necessity. The request for Ambien 5 mg # 30 with one refill is not medically necessary and appropriate.