

Case Number:	CM13-0057246		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2011
Decision Date:	04/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, adjuvant medications; psychotropic medications; unspecified amounts of psychotherapy; topical agent; and extensive periods of time off of work. A January 21, 2013 progress note is notable for comments that the applicant has been deemed "permanently disabled." On November 6, 2013, the applicant states that she continues to have bilateral knee, hip, and low back pain. She has SI joint symptoms. She is considering hip and SI joint injections. Overall level of pain is 2/10. The applicant is described as having tenderness over the lumbar paraspinal muscles. She has comorbidities including depression, hypertension, and diabetes. The applicant's gait is not detailed or described. Operating diagnoses given are knee pain, hip pain, and pelvic pain. Aquatic therapy via a gym membership is seemingly endorsed. The applicant's gait was likewise not described on an earlier note of September 11, 2013. On an earlier note of October 8, 2013, Synvisc injections were endorsed. The applicant was described as reporting 3/10 pain on September 11 with medications and 2/10 on November 6th with medications. There was no mention made of any issues with dyspepsia on either progress note or any history of GI issues alluded to an either progress note referenced. A July 12, 2013 progress note was notable for comments that the applicant feels that medications help her feel better both physically and emotionally. The medications have helped the applicant to lose weight, improve energy level, and improve function, it is seemingly suggested. The medications were therefore renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH POOL ACCESS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction; Physical Medicine. Decision based on Non-MTUS Citation ODG On Line Treatment Guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy Topic Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, applicants are responsible for adhering to "exercise and medication regimens." Thus, the gym membership being sought here has been deemed by ACOEM to be an article of applicant responsibility as opposed to a matter of medical necessity. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that aquatic therapy should be recommended as an optional form of exercise therapy in those applicants who are significantly obese, immobile, deconditioned, and/or unable to participate in land based therapy or land-based exercise. In this case, however, it does not appear that the applicant is unable to participate in land-based therapy or land-based exercises, although it is noted that the applicant does carry a diagnosis of knee arthritis. It is further noted that the applicant has already purchased a stationary bike which can likely facilitate performance of home exercises without the proposed gym membership in question. For all the stated reasons, then, the request is not certified, on independent medical review.

CELEBREX 200MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that COX-2 inhibitors such as Celebrex can be considered if an applicant has risks of GI complications, the MTUS further notes that COX-2 inhibitors are not recommended for the majority of patients. In this case, there is no clear history of dyspepsia, reflux, heartburn, peptic ulcer disease, etc., which would support provision of Celebrex, a COX 2 inhibitor. Therefore, the request is not certified, on independent medical review.

NEURONTIN 300 MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3; 18-19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the attending provider to document changes in pain or function "at each visit." In this case, the attending provider has seemingly documented appropriate analgesia and improved ability to function, including improved ability to perform home exercises, as a result of ongoing Neurontin usage. Continuing the same, on balance, is indicated and appropriate here. It is further noted that page 19 of the MTUS Chronic Pain Medical Treatment Guidelines does seemingly endorse Neurontin for various chronic pain states, including the chronic multifocal body pain/myalgia seemingly present here. Neurontin is especially endorsed in the treatment of neuropathic pain; it is further noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouses the position that all chronic pain states have some neuropathic component. For all the stated reasons, then, continuing Neurontin is indicated and appropriate here, given the applicant's favorable response to the same in terms of both pain relief and function. Therefore, the request is certified, on independent medical review.