

<b>Case Number:</b>	CM13-0069642		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 46-year-old male with 07/01/2008 date of injury. Listed diagnosis per treating physician's report, 10/29/2013, is status post anterior/posterior decompression and fusion at L4-L5 and L5-S1. Patient presents with chronic intermittent low back pain at 3/10 intensity without radiation. Current medications include Prilosec and Robaxin per this report. The recommended treatments are gym membership, Therma4, Prilosec, Robaxin, and some topical creams.

### 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) ODG guidelines, lumbar chapter.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with history of lumbar decompression and fusion at L4-L5, L5-S1. The treating physician has asked for a gym membership per his report, 10/29/2013. He states, "Patient is recommended to enroll for a gym membership", and he cites ACOEM Guidelines where aerobic

exercise is recommended, physical therapy intervention for controlling low back pain. MTUS and ACOEM Guidelines do not discuss gym membership specifically. However, ODG Guidelines for gym membership under Low Back Chapter states "not recommended as a medical prescription unless a documented home exercise program, a periodic assessment, or revision has not been effective, and there is a need for equipment." In this case, the treating physician does not document that home exercise program has failed, and there is no documentation regarding a need for specific equipment. ODG Guidelines further states "gym memberships, health clubs, swimming pools, athletic clubs, et cetera, would not generally be considered medical treatment." Recommendation is for denial.

**Thermaphore:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with history of lumbar fusion at L4-L5 and L5-S1. The treating physician has asked for a Therma4, which is a large heat pack. While MTUS Guidelines do not specifically discuss heat therapy, ODG Guidelines states that this is recommended as an option and that a number of study show continuous low-level heat wrap therapy can be effective for treating low back pain. Recommendation is for authorization.

**Robaxin 750mg #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 Page(s): 63-66.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with history of lumbar fusion at L4-L5, L5-S1. The treating physician has prescribed Robaxin #60 for the patient's spasms. MTUS Guidelines page 63 discusses Robaxin as one of the drugs with most limited published evidence in terms of clinical effectiveness. Muscle relaxants are not generally recommended for long term, and only short-term treatment of acute exacerbation in patients with chronic low back pain is recommended. In this patient, the treating physician fails to document acute exacerbation, fails to prescribe this medication on short-term basis. The patient requires #60 presumably for a month's supply. Given that this medication is prescribed on a long-term basis, recommendation is for denial.

**Flurbiprofen 20% gel 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with lumbar fusion at L4-L5, L5-S1. The treating physician has prescribed flurbiprofen 20% topical cream. MTUS Guidelines state, for topical combination cream, if one of the components is not recommended, then the entire compound is not recommended. Flurbiprofen contains NSAID topical. NSAID topical is recommended only for peripheral joint arthritis/tendinitis pains per MTUS Guidelines. This patient presents with chronic low back pain which is not a peripheral joint problem. Recommendation is for denial.

**. Ketoprofen 20% Ketamine 10% gel 120gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with lumbar fusion from L4-S1. The treating physician has prescribed ketoprofen and ketamine combination topical cream. MTUS Guidelines states, on page 111 that if any compounded product that contains at least 1 drug that is not recommended, is not recommended. MTUS states that ketamine is under study and only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment has been exhausted. Furthermore, ketoprofen is a topical NSAID and is only indicated for peripheral joint arthritis/tendinitis. Neither of these medications is indicated for this patient's condition which is that of chronic low back pain with lumbar fusion. Recommendation is for denial.

**Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% 120gm: 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 Page(s): 111.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic low back pain with lumbar fusion at L4-L5, L5-S1. The treating physician has prescribed a topical cream containing gabapentin, cyclobenzaprine, capsaicin at 0.0375%. MTUS Guidelines do not support use of gabapentin nor cyclobenzaprine in topical formulation. MTUS Guidelines page 111 states that if one of the components of topical compound product is

not recommended, the entire compound is not recommended. In this case, there is lack of support for gabapentin or cyclobenzaprine topical formulation. Recommendation is for denial.