

<b>Case Number:</b>	CM13-0069822		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/23/1997
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/11/2013
<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 and Rehabilitation and is licensed to practice in Illinois. 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 57 year old male who reported an injury on 01/23/1997. The mechanism of injury was not provided in the medical documentation. The injured worker reported chronic low back pain with radiation to the bilateral lower extremities, instability and weakness. Within the clinical note dated 10/25/13 the patient had tenderness and spasms to the cervical and lumbar paraspinals, upper trapezius and levator muscles, a negative straight leg raise bilaterally, and a positive Spurling's test bilaterally. Diagnoses included lumbar disc herniation and discopathy, cervical discopathy C6 C7, and early degeneration at C5-C6. Treatments have included medication management for pain, psychiatric care, and physical therapy. The injured worker reported no change in symptoms after the physical therapy. The request for authorization for medical treatment was submitted on 10/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI SCAN OF THE LUMBAR SPINE:** 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 Official Disability Guidelines (ODG) Low Back, MRI.

**Decision rationale:** The Official Disability Guidelines note an MRI is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The guidelines note a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology imaging in the acute care setting provides neither clinical nor psychological benefit to patients with routine back pain. In this case, the patient had an MRI in 2010, the guidelines state a repeat MRI should only be considered if there is a significant change in symptoms or condition. Per the physician and the injured worker the low back pain is chronic in nature and remains consistent and stable. There was no indication the injured worker had a significant change in symptoms and/or findings suggestive of significant pathology. Therefore the request for an MRI scan of the lumbar spine is not medically necessary and appropriate.

**ONE PRESCRIPTION FOR NORCO 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,80.

**Decision rationale:** According to the California MTUS Guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required. MTUS guidelines state that four 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 or non-adherent drug-related behaviors. There is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. In this case the patient has taken this medication for an extended period of time and has continued to report continued pain. Per the MTUS guidelines there is no evidence that this medication shows long term benefit when used for low back pain. Furthermore, there was a lack of documentation of adequate pain assessment and the efficacy of this medication. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

**ONE PRESCRIPTION FOR FLURIFLEX 180MG CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, for topical application. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per the guidelines. Flurbiprofen is an NSAID which is not recommended for topical use. Furthermore, Cyclobenzaprine is a muscle

relaxant which is not recommended for topical use. The request for one prescription of Fluriflex 180 mg cream is not medically necessary and appropriate.

**ONE PRESCRIPTION FOR TGICE 180GM CREAM:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per the guidelines. MTUS guidelines indicate Gabapentin, Tramadol, Menthol, and Camphor are not recommended for topical application. The request for TGICE 180gm cream is not medically necessary and appropriate.

**1 YEAR GYM AND POOL MEMBERSHIP AT LOCAL YMCA:** 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 Official Disability Guidelines (ODG) Low Back, Gym Membership.

**Decision rationale:** According to the Official Disability guidelines, gym membership 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. In this case the patient previously attended physical therapy and reported no change in condition; in addition he was prescribed a home exercise program which the provider noted the injured worker was not following. It was unclear if the injured worker had a need for equipment. Therefore, the request for a 1 year gym and pool membership at the YMCA is not medically necessary and appropriate.