MAXIMUS Federal Services

Case Number:	CM14-0004945		
Date Assigned:	02/05/2014	Date of Injury:	05/22/2001
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 59 year old male injured on 05/22/01 when he was lifting a heavy object and felt a sudden onset of lower back pain. Current diagnoses include cervical disc protrusion, brachial neuritis or radiculitis, lumbar disc protrusion, lumbar radiculopathy, and right shoulder internal derangement. The clinical documentation dated 12/18/13 indicates the injured worker presented complaining of constant neck pain radiating to the upper extremities with numbness and tingling rated at 7/10. The injured worker also reported low back pain radiating to the lower extremities with numbness and tingling rated at 8/10 with right shoulder pain at 7/10. The injured worker rates his pain at 9/10 without pain medications. The documentation indicates Flexeril was discontinued due to no benefit and a trial of Robaxin was initiated. Objective findings include decreased cervical range of motion, cervical spine spasms, decreased lumbar range of motion, positive straight leg raise bilaterally, use of a cane with sitting, lumbar spine spasms, and antalgic gait. A recommendation for aquatic therapy 2 x a week for 4 weeks to improve range of motion and increase strength and flexibility was provided. The medication regimen includes Gabapentin 600mg, Glucosamine 500mg, Robaxin 750mg, and Norco 10/325mg. The initial request for 1 Toradol 60mg injection and gym membership was initially non-certified on 12/18/13 and the prescription of Cyclobenzaprine 10mg #60 was modified for 1 prescription between 10/28/13 to 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs(AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the request for 1 Prescription of Cyclobenzaprine 10 MG #60 is not medically necessary.

1 TORADOL 60 MG INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol®) 10 mg is not indicated for minor or chronic painful conditions. There is no indication in the documentation that the injured worker presented for acute injury requiring treatment with IM injection. As such, the request for 1 Toradol 60 Mg Injection is not medically.

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, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: As noted in the Low back chapter of the Official Disability Guidelines, gym memberships are 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym

memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request for gym membership is not medically necessary.