

Case Number:	CM14-0005868		
Date Assigned:	02/05/2014	Date of Injury:	08/03/2001
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation 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 patient is a 62 year-old female who has filed a claim for lumbar intervertebral disc disorder associated with an industrial injury date of August 03, 2001. Review of progress notes reports low back pain. Patient has normal gait without need for assistive devices. Treatment to date has included NSAIDs, opioids, muscle relaxants, aquatic exercises, physical therapy, home exercise program, topical compounds, TENS, and surgery to the lumbar spine in May 2009. Utilization review from December 18, 2013 denied the request for gym membership with access to pool for continued maintenance and functional improvement as there is no documentation regarding instruction on what exercises to perform, or regarding functional goals; Ultram 50mg #60 with 3 refills as there is no documentation of functional improvement with this medication; Terocin lotion with 2 refills as there is no documentation of intolerance to or ineffectiveness of oral analgesics; Flexeril 7.5mg with 3 refills as there is no documentation of muscle spasms, and this medication is only recommended for short-course only; Protonix 20mg #60 with 3 refills as there is no documentation regarding gastrointestinal upset or gastritis; and Norco 10 #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP WITH ACCESS TO POOL FOR CONTINUED MAINTENANCE AND FUNCTIONAL IMPROVEMENT: 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), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships

Decision rationale: According to page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. According to ODG, gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, and there may be risk of further injury to the patient. In this case, patient has had more than 24 physical therapy visits, which includes aquatic therapy. Patient reports about 50% improvement of symptoms and functional ability, but this has not improved over the last few weeks of the physical therapy sessions. The requesting physician is recommending that the patient continue with home exercises at a pool. However, there is no documentation as to why aquatic therapy is necessary, as opposed to land-based physical therapy. Also, there is no documentation regarding specific exercises to be performed, or supervision by a medical professional. Therefore, the request for gym membership with access to pool for continued maintenance and functional improvement was not medically necessary.

ULTRAM50 MG QUANTITY 60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 93-94.

Decision rationale: As noted on pages 78-81 and 93-94 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol may increase the risk of seizure, especially in patients taking other opioids. It is indicated for moderate to severe pain. In this case, there is no documentation regarding use of this medication. There is also no documentation regarding the severity of pain symptoms to support the use of this medication. Also, additional refills for this medication are not necessary unless documentation regarding continued benefit and appropriate medication use is present. Therefore, the request for Ultram 50mg #60 with 3 refills was not medically necessary.

TEROCIN LOTION WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no documentation regarding failure of or intolerance to oral pain medications. Therefore, the request for terocin lotion with two refills was not medically necessary.

FLEXERIL 7.5 MG QUANTITY WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since July 2013. However, there is no documentation regarding acute exacerbations of low back pain. This medication is also not recommended for long-term use. The requested quantity is not specified. Therefore, the request for Flexeril 7.5mg with three refills was not medically necessary.

PROTONIX 20 MG QUANTITY 60 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since July 2013. However, patient does not have risk factors as mentioned above. There are no adverse gastrointestinal symptoms reported. Therefore, the request for Protonix 20mg #60 with 3 refills was not medically necessary.

NORCO 10 QUANTITY 60 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least December 2011. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, additional refills for this medication are not necessary unless documentation regarding continued benefit and appropriate medication use is present. Therefore, the request for Norco 60 with 3 refills was not medically necessary.