

Case Number:	CM14-0101130		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2008
Decision Date:	09/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 60-year-old male who reported an injury on 12/04/2008 due to an unknown mechanism. Diagnoses were lumbar strain, chronic, affective disorder with elevated anxiety and depression aggravated by chronic pain, progressively worsening with persisting pain, general anxiety disorder aggravated by chronic pain, and bilateral carpal tunnel syndrome. Past treatments have been wrist braces, acupuncture, physical therapy, facet injections, and the use of a TENS unit. Diagnostics were MRI and EMG/NCV of the upper extremities. The EMG dated 06/06/2013 revealed in the right wrist, findings were consistent with borderline motor and mild sensory demyelinating median mononeuropathy, reasonably consistent with carpal tunnel syndrome of the same degree. In the left wrist, findings were consistent with mild motor and mild sensory demyelinating median mononeuropathy, reasonably consistent with carpal tunnel syndrome of the same degree. Findings of the wrist or elbow ulnar mononeuropathy, wrist or forearm radial mononeuropathy or cervical radiculopathy were absent. Surgical history was not reported. Physical examination on 07/24/2014 revealed complaints of experiencing low energy, tiredness, and weakness. Walking up hills continued to no longer cause pain. It was reported that activities of daily living continued to remain limited, but still improving, as pain continues to decrease with medications and exercises. Lumbar spine range of motion remained limited by mild muscle spasms. Medications were Pennsaid solution 2%, Lamictal, baclofen, Lyrica, Lidoderm patches, atenolol, ibuprofen, and meclizine. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Member ship with Pool Access: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s) : 15-16; Chapter 12: Pages: 94,300- 301 301,Chronic Pain Treatment Guidelines Physical Medicine.

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 Memberships.

Decision rationale: The Official Disability Guidelines for 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. Plus, treatment needs to be monitoring and administered by medical professionals. 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. Within supervised 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. Gym memberships, health clubs, swimming pools, athletic clubs, would not generally be considered medical treatment, and are therefore not covered under these guidelines. Due to the recommendation of the medical guidelines, the request is not necessary and appropriate.

Pennsaid Solution 2%, 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s) : 47-48,Chronic Pain Treatment Guidelines Anti-inflammatory Medications Topical Analgesics Page(s) : 22,67,68; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs; Diclofenac Page(s): 111; 112. Decision based on Non-MTUS Citation Drugs.com: <http://www.drugs.com/search.php?searchterm=pennsaid> Other Guidelines.

Decision rationale: This medication contains Diclofenac which is a non-steroid anti-inflammatory medication. The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs are recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Due to the recommendations of the medical guidelines, the request for Pennsaid Solution 2%, 1 bottle is not medically necessary and appropriate.

