

Case Number:	CM14-0102350		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2002
Decision Date:	09/25/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 is a 68-year-old female with a 2-11-2002 date of injury. A specific mechanism of injury was not described. 6/27/14 determination was non-certified given no documentation of a home exercise program or indication that the pool membership will be medically monitored and administered. Regarding gabapentin, there was no indication of a neuropathic condition. 7/29/14 medical report identified low back and left hip pain, rated 5-7/10. The patient completed all aquatic therapy sessions. Exam revealed appropriate affect and mood, and no evidence of sedation. The provider states that the patient has numbness and tingling, and burning type pain form the back and the left hip. The patient cannot be prescribed anti-inflammatories due to history of angina, and cannot be prescribed opioids due to use of marijuana. 7/1/14 report identified low back pain radiating the left hip with numbness and tingling, and a burning type pain to the left hip. 6/17/14 medical report identified decreased range of motion. There was also indication that the prescriptions included Tylenol #4 acetaminophen with codeine, ketamine 5% cream, Thermacare heatwrap, Bayer w/calcium, Cimetidine, Lisinopril, nitroglycerin, and Vytorin. It was noted that all of these medications were discontinued and the only prescription given was for gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR POOL 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 LUMBER & 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) ODG Low Back ChapterGym MembershipsNot 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. 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 patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The indications for health club membership are: The patient is deconditioned and requires a structured environment to perform prescribed exercises. The health care provider must document the reasons why reconditioning cannot be accomplished with a home-based program of exercise. The requirements for health club membership include: The program must have specific prescribed exercises stated in objective terms, for example "30 minutes riding stationary bicycle three times per week." There must be a specific set of prescribed activities and a specific timetable of progression in those activities, designed so that the goals can be achieved in the prescribed time. There must be a prescribed frequency of attendance and the patient must maintain adequate documentation of attendance. There must be a prescribed duration of attendance. (State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59).

Decision rationale: ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, 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. There was no clear indication for the need of a gym membership. The patient just finished an aquatic program, however, there was no indication of the results from such sessions or if the patient was initiated in an independent program. In addition, there was no indication if the exercises performed will be monitored and administered by medical professionals. The medical necessity was not substantiated.

1 PRESCRIPTION OF GANAPENTIN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient did have a neuropathic component to her pain. There are several reports documenting numbness and tingling from the low back to the hip. In addition, the provider clarifies that due to a medical condition, the patient cannot take NSAID and he is not prescribing opioids due to marijuana use. In that context, gabapentin was appropriate to address the patient's complaints and in light of limited additional medications to prescribe. The medical necessity was substantiated.