

Case Number:	CM14-0106581		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1996
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Medicine 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 case of a 63-year-old female who has filed a claim for acute myocardial infarction, myalgia and myositis NOS, and restless legs syndrome associated with an industrial injury date of 01/09/1996. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient still has continued body pain, chronic fatigue, and problem sleeping with morning gel phenomenon for 15-20 minutes. She still has low back pain with radiation to legs, numbness and tingling in both hands. She now has a gym membership and is exercising regularly. On physical examination, there are no new joint swelling or rheumatoid arthritis deformities. She has tenderness on trigger points. Treatment to date has included weight management program, medications, and gym membership. Medications taken include Gabapentin and a compounded cream medication. Utilization review dated 06/10/2014 denied the request for the compounded topical medicine because the California MTUS guidelines do not recommend topical analgesics if one or more ingredients are not recommended. There is no evidence to support the use of topical Tramadol. Guidelines do not recommend non-FDA approved preparations of NSAIDS or Lidocaine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation submitted to indicate that this patient has not responded to or is intolerant to other treatments. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not be generally considered medical treatment, and are therefore not covered under these guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership one year with aquatic therapy access: 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 Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/Low Back, Gym Memberships

Decision rationale: According to page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Official Disability Guidelines, (ODG) states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient's latest weight, as of 03/06/14, is 205.9 (unclear if pounds or kilos). There was no height mentioned in the records. The BMI cannot be computed making the classification of the degree of obesity difficult. Also, there is no documentation regarding expected goals and functional gains of aquatic therapy in this patient. Furthermore, although progress reports show that the patient had been exercising regularly, there was no documentation that would support this claim and whether this membership had produced significant improvements in terms of weight loss, pain reduction and functionality improvement. Moreover, there was no evidence that the patient failed a home exercise program that would warrant supervised exercises at the gym. There was also no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. Unsupervised gym exercises may lead to further patient injury. The clinical indication for this treatment modality has not been established. Therefore, the request for Gym membership one year with aquatic therapy access is not medically necessary.

Flurbiprofen 20%, Lido 5%, Menthol 5%, Camp 1%, Tramadol 15%, Dextro 10%, Cap 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Flurbiprofen, the California MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines states that the FDA issued an alert indicating that topical OTC pain relievers that contain menthol and/or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed this topical medication to provide targeted pain relief with reduced side effects associated with oral medications. However, the submitted medical records failed to document any subjective pain relief, VAS scoring, and overall functional benefit with the use of this medication. Also, there is no documentation submitted to indicate that this patient has not responded to or is intolerant to other treatments. Furthermore, the request failed to specify the number to be dispensed. Therefore, the request for this Flurbiprofen 20%, Lido 5%, Menthol 5%, Camp 1%, Tramadol 15%, Dextro 10%, Cap 0.025% is not medically necessary.