

<b>Case Number:</b>	CM14-0015571		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/24/2000
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Occupational 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 60-year-old female with a 2/24/00 date of injury. The mechanism of injury was not noted. In a 1/16/14 progress note, the patient complained of right shoulder, right foot, and right ankle pain. The patient was scheduled for right ankle/foot surgery. She also complained of low back pain, with right lower extremity chronic radicular symptoms. The objective findings includes: extensive callous build-up on the lateral aspect of the right foot that is tender to touch and sensation is decreased in the right lateral foot. There is a right foot inversion deformity with slight plantar flexion. There is loss of protective sensation of the left foot to about mid shin. The left side still has preserved sensation to monofilament testing. The diagnostic impression includes: Thoracic or lumbosacral neuritis or radiculitis, shoulder joint replacement, knee joint replacement, long-term use of medications. The treatment to date: medication management, activity modification, and surgery. A utilization review (UR) decision dated 1/29/14, denied the requests for Baclofen and Gym membership. There were no spasms documented on the physical exam. There was no documented functional improvement from any previous use in this patient. The guidelines do not recommend long-term use of muscle relaxants. Regarding the request for gym membership, there was no documentation of failed home exercise or specific equipment needs that support the medical necessity for a gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports reviewed, this patient has been on Baclofen since at least 7/18/13, if not earlier. There is no documentation of muscle spasms in the records provided. In addition, there is no documentation of an acute exacerbation of the patient's pain. Furthermore, this request is for 360 tablets, a 3-month supply. The guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Baclofen 10 mg, #360 is not medically necessary.

**Gym membership:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 114, and on the Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)), Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)) (updated 02/14/2012).

**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 Chapter.

**Decision rationale:** The Official Disability Guidelines do 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. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs are not generally considered medical treatment. Therefore, the request for a gym membership is not medically necessary.