

Case Number:	CM14-0125579		
Date Assigned:	08/11/2014	Date of Injury:	02/16/2007
Decision Date:	09/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; adjuvant medications; an opioid therapy. In a Utilization Review Report dated July 22, 2014, the claims administrator modified the request for gym membership to two sessions of physical therapy for home exercise transition purposes, approved Gabapentin, and partially certified Norco while denying topical analgesics outright. The applicant's attorney subsequently appealed. In an August 1, 2014 appeal letter, the attending provider stated that the applicant had persistent complaints of knee, low back, and neck pain. The attending provider acknowledged that the applicant was off of work, despite having attended a functional restoration program. The attending provider stated that earlier injection therapy had proven unsuccessful. The attending provider stated that hip corticosteroid injection had also proven unsuccessful. The attending provider stated that the applicant had developed dyspepsia with certain oral NSAIDs and that he was therefore endorsing the topical drugs. There was no mention of medical efficacy incorporated into the appeal letter, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

(13) Week Gym Membership Trial w Pool Access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Aquatic Therapy topic Page(s): 22.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, is, per ACOEM, an article of applicant responsibility as opposed to an article payer responsibility. It is further noted that page 22 in the MTUS Chronic Pain Medical Treatment Guidelines also suggest that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, it has not been outlined how, why, and/or if reduced weight bearing is desirable. For all the stated reasons, then, the request is not medically necessary.

Ketamine 5% Cream 60gr #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine . MTUS 9792.20f Page(s): 113, 7.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study," and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, however, the attending provider has not established that all primary and secondary treatments have been exhausted so as to justify selection and/or ongoing usage of the Ketamine containing cream. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined how (or if) ongoing usage of Ketamine containing topical compounded cream has been beneficial here. The applicant is off of work, it is further noted. The attending provider has not outlined any tangible or material improvements in terms of performance of activities of daily living achieved as a result of ongoing usage of the Ketamine containing cream, suggesting a lack of functional improvement as defined in the MTUS 9792.20f despite ongoing usage of the same. Therefore, the request is not medically necessary.

Diclofenac Sodium 1.5% 60 GRM #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section.MTUS 9792.20f Page(s): 112, 7.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac or Voltaren has not been evaluated for the spine, hip, and/or shoulder pain. In this case, two of the applicant's primary pain generators are, in fact, the spine and hip. It is further noted that, as with the request for Ketamine containing cream, that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant is off of work and is apparently having difficulty performing activities of daily living as basic as standing, walking, and kneeling, taken together, imply a lack of functional improvement as defined in the MTUS 9792.20f despite ongoing usage of the cream in question. Therefore, the request is not medically necessary.