

Case Number:	CM14-0136842		
Date Assigned:	09/03/2014	Date of Injury:	08/24/1998
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year old female was reportedly injured on August 24, 1998. The most recent progress note, dated June 11, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'2", 133 pound individual in no apparent distress. A full range of motion of lumbar spine is reported. No specific neurologic function losses are identified. Diagnostic imaging studies objectified the lumbar surgery completed. Previous treatment includes lumbar fusion, injection therapy, physical therapy, multiple medications and pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Month gym 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 Chapter

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: As outlined in the Official Disability Guidelines (ODG), a membership is not recommended as medical prescription item as there is no supervision, or control of the equipment used. Therefore the request is not medically necessary.

Lidoderm 5% topical film: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or anti epilepsy medications. Based on the clinical documentation provided, the claimant continues to have low back pain, has exacerbations of low back pain and there is no demonstrated efficacy or utility in terms of increased functionality or decrease symptomology. As such, the request is considered not medically necessary based on the clinical information presented in the progress notes.

Miralax qty: 527: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: This medication is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of constipation or other side effects. This medication is also available as an over the counter product without a prescription. There are no physical examination findings are specific subjective complaints suggest the need for such a medication. The medical necessity has not been established.

Mobic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: This is a nonsteroidal antiinflammatory medication. There is support for this medication noted in the Medical Treatment Utilization Schedule (MTUS). However, the progress notes do not indicate that there is any noted efficacy or utility with the continued use of

this preparation. When noting the date of injury, the surgery completed, and the ongoing complaints of pain, there simply is no data presented to suggest any efficacy or utility. As such, this is not clinically indicated. The medical necessity is not established.

TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: When considering the specifics noted in the physical examination, the parameters outlined in the chronic pain section of the Medical Treatment Utilization Schedule (MTUS), and that there is some confusion as to the efficacy of this intervention; there is insufficient clinical information presented to suggest a continuation of this intervention. Therefore, the medical necessity has not been established.

Tramadol 37.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of Tramadol (Ultram) for short term use after there is been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given their clinical presentation based on the progress notes reviewed and lack of documentation of any functional improvement with Tramadol, the efficacy or utility of this medication has not been established. Accordingly, the request is not considered medically necessary.