

Case Number:	CM14-0138819		
Date Assigned:	09/05/2014	Date of Injury:	11/10/2009
Decision Date:	10/31/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 Orthopedic Surgery has a subspecialty in Sports 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 injured worker is a 73-year-old male who reported an injury on 11/10/2009. The mechanism of injury was a motor vehicle accident. The diagnoses included discogenic cervical condition with facet inflammation, discogenic lumbar condition with facet inflammation, bilateral shoulder impingement, rotator cuff strain, bicipital tendonitis, AC joint inflammation, bilateral carpal tunnel syndrome. The previous treatments included medication, TENS unit, physical therapy, diagnostic testing which included an EMG and MRI. Within the clinical note dated 07/23/2014, it was reported the injured worker complained of intermittent back pain. He rated his pain 8/10 in severity. He reported the pain radiated down to his thigh. The injured worker reported numbness, tingling, cramping, and back spasms. On the physical examination noted the injured worker's neck and upper extremities range of motion was cervical flexion at 40 degrees, and extension at 30 degrees. There was a positive impingement sign, Hawkins test, Speed's test. There was tenderness along the acromioclavicular joint which was mild bilaterally. Tenderness was noted along the rotator cuff mild bilaterally and biceps tendon mild bilaterally. The injured worker's lower extremity had lumbar flexion less than 20 degrees, and extension less than 10 degrees. There was decreased sensation of the lower extremities. The provider requested a gym membership, cervical traction with air bladder, hot/cold compress garment, Lyrica, tramadol for pain, and LidoPro lotion. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG) Low Back

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, Gym Membership.

Decision rationale: The request for a gym membership is not medically necessary. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by the medical professionals. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are mentioned by health care professionals such as gym membership or advanced home care equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for the patient who needs more supervision. Gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered a medical treatment, and therefore are not covered under the guidelines. There is lack of documentation indicating the injured worker to have participated in a home exercise program with periodic assessment and revision which have been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to the ineffective home exercise program or the need for specific gym equipment. The request submitted failed to provide the duration of the request. Therefore, the request is not medically necessary.

Cervical traction with air bladder: 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) Neck & Upper Back, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Traction.

Decision rationale: The request for a cervical traction with air bladder is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend the use of cervical traction. In addition, the Official Disability Guidelines recommend home cervical patient controlled tractions using seated over the door device or a supine device, which may be preferred due to greater forces for patients with radicular symptoms, in conjunction with a home exercise program. It is not a recommended institutionally based powered traction device. Cervical studies have demonstrated that home cervical tractions can provide symptomatic relief in 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain. There is lack of documentation warranting the medical necessity

for the request. The request submitted failed to provide the duration of treatment. Therefore, the request is not medically necessary.

Hot/cold compression garment: 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) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 289-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Cold Pack.

Decision rationale: The request for hot/cold compression garment is not medically necessary. The California MTUS/ACOEM Guidelines note at home application of heat or cold packs are optional. In addition, the Official Disability Guidelines note cold packs are recommended. Insufficient testing exists to determine the effectiveness of heat/cold application in treating mechanical neck disorders, though due to relative ease of lack of adverse effects, local applications of cold packs may be applied during the first few days of symptoms followed by applications of heat to suit patient. There is lack of documentation warranting the medical necessity of the hot/cold packs. The treatment site was not submitted for clinical review. Therefore, the request is not medically necessary.

Lyrica 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: The request for Lyrica 100 mg is not medically necessary. The California MTUS Guidelines recommend Lyrica for neuropathic pain and pain due to nerve damage. The guidelines note Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first line treatment for both. The guidelines note this medication also has an anti-anxiety effect. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The clinical documentation submitted did not have objective findings indicating the injured worker had anxiety or fibromyalgia. Additionally, the request submitted failed to provide the quantity and frequency of the medication. Therefore, the request is not medically necessary.

Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol ER 150mg is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider fails to document adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Lidopro lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidopro lotion is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency, quantity and dosage of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.