

Case Number:	CM14-0155727		
Date Assigned:	09/25/2014	Date of Injury:	05/01/2010
Decision Date:	10/29/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 41-year-old female patient who reported an industrial injury on 5/4/2010, over four (4) years ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall hitting her back and left leg on the wet floor. The patient complained of low back pain. The objective findings on examination included tenderness to palpation to the lumbosacral paravertebral musculature with mild spasm; diminished range of motion to the lumbar spine; no weakness to the lower extremities; no sensory changes or diminished sensation; negative SLR (straight leg raise). The patient was diagnosed with a contusion; sprain of lumbar region; and muscle spasm. The panel QME evaluation assessed the patient with the diagnoses of cervical dorsal muscle sprain; bilateral shoulder impingement; and lumbosacral muscle sprain with low back pain and lower limb radiculopathy. The treatment plan included Flexeril 10 mg #60 with two refills; tramadol 50 mg #60; Medrox pain relief ointment; omeprazole 20 mg #30; and a one-year gym/health club membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation ACOEM Chronic Pain Chapter (2008), Muscle relaxant, page 128 Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 10 mg #60 with refills x2 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg for the effects of the industrial injury. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 10 mg #60 with refill x2.

Tramadol HCl 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 300-306, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Chapter 6, pages 114-16 Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Tramadol 50 mg #60 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain with no objective findings on examination. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for chronic pain. The chronic use of Tramadol is not

recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic pain. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The request is demonstrated to be not medically necessary.

Medrox Pain Relief Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ACOEM Pain Chapter (2008), page 128 Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded

Decision rationale: There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS and the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of the topical ointment does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams/patches on areas that are not precise. The volume applied and the times per day that the creams are applied are

variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm is not supported by the applicable CA MTUS and ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm is not medically necessary for the treatment of the patient's orthopedic complaints. The prescription of capsaicin topical compounded cream is not recommended by the CA MTUS for the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm for the treatment of chronic pain. The prescription of Medrox ointment (methyl salicylate, menthol, and capsaicin) three times a day # 120 gm is not medically necessary for the treatment of the reported chronic pain for the effects of the industrial injury.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for the medications prescribed without an NSAID. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be prescribed no NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed

Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole/Prilosec 20 mg #30. There is no documented functional improvement with the prescribed omeprazole.

Annual Health Club Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policy bulletin, www.aetna.com/cpb/medical/data/1-99-0039.html

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 15-16, 299-301, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM updated back chapter (4/2008), aquatic therapy, page 94 Official Disability Guidelines (ODG) back chapter--PT and exercises; aerobic exercises gym memberships; neck and upper back chapter--PT; exercise; aerobic exercise

Decision rationale: There is no rationale provided that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening. The patient has not been demonstrated to be participating in HEP (home exercise program). Aquatic therapy, health club membership, or a gym membership is not recommended for maintenance therapy when the patient is able to participate in land-based exercise. There is no demonstrated medical necessity for requested Gym membership x1 year over the recommended self-directed HEP. Strengthening of the back does not require exercise machines or pool therapy and is not medically necessary as opposed to the land based self-directed home exercise program recommended by the CA MTUS four (4) years after the DOI (date of injury). The request for a Gym/pool/health club membership for the patient for her chronic low back pain is not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to have received a substantial amount of physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested gym membership. There is no evidence provided that the patient is precluded from land-based exercises. The use of pool therapy is clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP. The treating physician did not provide subjective/objective evidence to support the medical necessity of the Gym/pool membership for the treatment of the patient's low back/hip pain issues over the recommended participation in a self-directed home exercise program. The patient has been provided with a significant number of sessions of physical therapy on this industrial claim and the additional sessions requested exceed the recommendations of evidence-based guidelines. The Official Disability Guidelines do not specifically address the use of Pool/Gym memberships for treatment of the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The use of gym memberships or advanced exercise equipment without supervision

by a health professional is not recommended. The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Patients are counseled to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Once the instructions or exercises are learned, the patient may exercise on their own with a self-directed home exercise program. Self-directed home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The available clinical records do not demonstrate a significant functional deficit that would support the medical necessity of a formal pool or gym membership. The patient is not documented to participate in a self-directed HEP for the required stretching, strengthening, and conditioning as recommended by the ACOEM Guidelines and has demonstrated functional improvement without the use of sophisticated gym equipment. The patient has been provided with instructions to integrate into in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There was no subjective/objective medical evidence provided to support the medical necessity for the requested pool/gym or health club membership over a self-directed home program. Therefore, the request is not medically necessary.