

Case Number:	CM14-0158336		
Date Assigned:	10/01/2014	Date of Injury:	02/27/2013
Decision Date:	11/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 patient is a 35 year old male who was injured on 02/27/2014 when a ladder broke resulting in him falling to the ground. Prior treatment history has included Nortriptyline, omeprazole, Topamax, Voltaren, cyclobenzaprine, Norco, Baclofen, ibuprofen, and Abilify. The patient's medications as of 08/20/2014 included Nortriptyline, omeprazole 20 mg, Topamax 50 mg, Voltaren XR 100 mg, cyclobenzaprine 7.5 mg, Norco 5/325 mg, Baclofen 10 mg, ibuprofen, and Abilify 5 mg. Toxicology report dated 04/21/2014 did not detect the prescribed medication hydrocodone. Office note dated 08/20/2014 documented the patient to have complaints of low back pain rated as a 5/10 with medications and they allow him to perform minimal activities of daily living such as walking and sitting for 30-35 minutes. On exam, he has positive facet loading of the cervical spine at C3 and C4 concordant with pain. The patient is diagnosed with Lumbago and Sciatica. The patient is recommended for physical therapy twice weekly, and gym therapy. He has been prescribed Abilify 5 mg and vitamin D3 5000 units. Prior utilization review dated 09/09/2014 states the request for Abilify 5mg Tabs X30 with Two (2) Refills is denied as it is not medically necessary; Vitamin D3 5000unit X90 with Two (2) Refills is denied as medical necessity has not been established; Physical Therapy One (1) To Two (2) Times A Week for Either (8) Weeks is not certified as there is a lack of documented evidence of functional improvement; and Gym/Pool Three (3) Months is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg Tabs X30 with Two (2) Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/abilify.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/monograph/abilify.html>

Decision rationale: The guidelines recommend Abilify as an option for treatment of schizophrenia, mania, or adjunctive therapy in major depression. The clinical notes state the patient has been on Abilify. It does not appear the patient has a history of schizophrenia or mania. The patient does have a history of depression but it is not clear if the Abilify is being used adjunctive to another medication. Further, the results and benefits of Abilify from previous therapy are unknown. The subjective portion of the most recent notes did not discuss the patient's psychiatric illness in detail. Additionally, there was no frequency of administration with the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Vitamin D3 5000unit X90 with Two (2) Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/vitamin-d/test#when>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/vitamin-d3.html>

Decision rationale: The guidelines recommend Vitamin D3 for Vitamin D deficiency or prophylaxis for patients at risk of deficiency. The clinical documents did not discuss the patient's previous laboratory testing. The clinical notes did not identify the patient as Vitamin D deficient or at risk for deficiency. The most recent note did not discuss the indication for Vitamin D treatment. Additionally, there was no frequency of administration with the request. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Physical Therapy One (1) To Two (2) Times A Week for Either (8) Weeks: Upheld

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

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, Physical therapy

Decision rationale: The guidelines state that physical therapy is an important component of recovery for the musculoskeletal injuries. The specific number of therapy sessions varies depending on body part and injury but generally varies from 8-16 visits. The patient has been undergoing physical therapy but it is unclear how many visits the patient has already attended. The results and benefits from the therapy thus far were inadequately discussed. It is also not clear why a home exercise program is not sufficient. Further, the request did not specify an exact number of requested sessions and the location where therapy is to be focused. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Gym/Pool Three (3) Months: 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 Gym Memberships

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 guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. There was inadequate documentation of a home exercise program and results thus far. There was inadequate documentation about frequent revisions and assessments to a home exercise regimen. Furthermore, the clinical notes did not identify specific equipment which is available at the gym which the patient requires access to. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.