

Case Number:	CM14-0159569		
Date Assigned:	10/03/2014	Date of Injury:	06/07/1999
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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:

There were 148 pages provided for this review. The application for independent medical review was signed on September 29, 2014. It was a non-certification for the pool membership, Soma, and Geodon. Several other requests were submitted. The oxycodone was certified as was the Pristiq and Zoloft. Per the records provided, the claimant is a 61-year-old female who was injured back in the year 1999. She has undergone two chronic pain management programs now. She had a qualified medical examination panel neurologic evaluation on October 30, 2008. The condition of the neck in the upper extremities were a permanent and stationary status. A psychiatric AME was done on August 4, 2009. He was asked to consider a recent request for a refresher course at HELP, which is a chronic pain program. He thought it would be desirable. The patient has completed a course of therapy. The medical record does not establish how many rehabilitation sessions had been completed. Also it is not clear that she is unable to tolerate land-based therapy. Regards to soma, it is a long-term usage and it is not supported in the guidelines for long-term usage. Geodon is used to treat mania or mixed episodes associated with bipolar disorder. The medical records do not establish diagnoses of schizophrenia or bipolar disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym, Facility programs such as pool memberships.

Decision rationale: The ODG notes regarding Gym Programs, and by extrapolation, pool programs: Not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise. Therefore, I am not able to endorse this pool membership as a reasonable and necessary medically prescribable treatment.

Soma 350mg twice per day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Soma/Carisoprodol

Decision rationale: The MTUS provided insufficient information. The ODG note in the Pain section: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately not medically necessary. Soma is not supported by evidence-based guides. Long term use of

carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately non-certified.

Geodon 20mg every night #30: Upheld

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

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001070/Ziprasidone>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Antidepressants.

Decision rationale: Regarding antidepressants and psychotropic medications, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006). In this case, there is no bipolar, depressive or schizophrenic disorder noted in the records that would qualify for DSM-IV diagnostic criteria; the request for this strong psychotropic medicine for specific indications is appropriately not medically necessary.