

Case Number:	CM14-0174943		
Date Assigned:	10/28/2014	Date of Injury:	03/30/2011
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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, has a subspecialty in Pain 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 male injured worker with a date of injury of March 30, 2011. A utilization review determination dated September 30, 2014 recommends non-certification for a gym membership to help with anxiety x 1 year, and Klonopin 1 mg #90 with 1 refill with modification to #50 with no refills. A progress note dated July 21, 2014 identifies subjective complaints of small pimple that developed on the leg has enlarged and the injured worker is now on antibiotics. The injured worker is to have a totally new prosthesis made, measurements are pending. Left knee issues were not addressed, pain is a 7-8 with walking, and brace helps the left knee. Back pain level is a 5/10, lower back pain is a 4/10, right leg pain is a 7/10, and left knee pain is a 6/10. Physical examination identifies back stiffness with flexion, diffuse tenderness of the back, right leg amputation, tenderness of the left knee, and numbness along the distal portion of the right leg. The diagnoses include right below the knee amputation, phantom pain of right lower extremity, amputation of left toes, back pain, folliculitis, PTSD, and anxiety. The treatment plan recommends an infectious disease consultation, Keflex to have as backup, consult with regional cardiology is pending, prescription for gabapentin 600 mg b.i.d., prescription for Prilosec 40 mg, prescription for Klonopin 1 mg #nightie with 1 refill, prescription for Zoloft #30 with 1 refill, and a prescription for Neurontin 300 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership to Help Anxiety x1 Year: 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), Treatment Index, 12 Edition (web), 2014, Low Back, Gym Membership

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships

Decision rationale: Regarding request for gym membership to help with anxiety x 1 year, Chronic Pain Medical Treatment Guidelines state that "exercise is recommended." They go on to state that "there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." ODG states the gym memberships are "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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the injured worker has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the injured worker has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership to help with anxiety x 1 year is not medically necessary.

Klonopin 1mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Klonopin 1mg #90 with 1 refill, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, fortunately, there is a provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin 1mg #90 with 1 refill is not medically necessary.

