

Case Number:	CM14-0020212		
Date Assigned:	07/02/2014	Date of Injury:	08/30/2002
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 with a reported date of injury on 08/30/2002. The injury reportedly occurred when the injured worker was unloading items off a truck at night and stepped into a meter hole and fell to the ground. His previous treatments were noted to include a spinal cord stimulator, a peripheral nerve stimulator, medications, physical therapy, and aquatic therapy. His diagnosis was noted to be lumbar postlaminectomy syndrome. The progress note dated 01/08/2014 reported that the injured worker complained of lower back pain. The physical examination revealed lumbar pain elicited by motion, extension at the waist elicited moderate pain and paravertebral tenderness, there was tenderness noted over the spinous process from L3-4, limited flexion to 30 degrees and extension to 5 degrees. The examination also revealed pain over the greater trochanter bursa and trigger point pain. The neurological examination revealed that motor strength was 4/5 bilaterally. The provider reported the injured worker failed therapy; injections, medications, and the spinal cord stimulation had not been beneficial. The provider also reported the injured worker had benefitted from aquatic therapy and has had no finances to cover the cost and a gym membership would help to manage, and in the past, increased mobility by about 50% and pain reduction by 50%. His medications were noted to include Atenolol 25mg, Atorvastatin 80mg, Insulin syringes, Carisoprodol 350mg one 3 times a day, Cephalexin 500mg, Famotidine 20mg, Gavilyte-C 240gm, Humulin N, Humulin R, Hydrocodone 10mg-acetaminophen 325mg one every 4-5 hours, and Omeprazole 20mg. The Request for Authorization form dated 01/17/2014 is for gym membership coverage due to low back pain. The Request for Authorization form for the continued Soma 350 mg #90, retrospective urine drug screen dated 01/08/2014 and bed request was not submitted within the medical records, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP COVERAGE: Upheld

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

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 gym membership coverage is not medically necessary. The injured worker has undergone previous physical therapy, injections, surgery, and medications for pain. The Official Disability Guidelines do not recommend gym memberships, as a medical prescription unless documented home exercise program with a period of assessment revision has not been effective and there is a need for equipment. The guidelines also state while an individual exercise program, is of course recommended, a more elaborate personal care for outcomes are not monitored by health professionals such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be more appropriate for patients who need more supervision. The guidelines also state 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 injured worker. The guidelines state gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and therefore not covered with this guidelines. There was a lack of documentation regarding functional improvement as well as documented home exercise program with periodic assessment revision, or a need for equipment. Therefore, the request is not medically necessary.

CONTINUED SOMA 350MG #90: Upheld

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

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

Decision rationale: The request for continued use of Soma 350 mg #90 is not medically necessary. The injured worker has been on this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend Soma for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Carisoprodol abuse has been noted in order to augment or alter the effects of other drugs including increasing sedation of benzodiazepines or alcohol, used to prevent side effects of cocaine, used with tramadol to produce relaxation and euphoria, and in combination with hydrocodone, an effect that some abuses claim is similar to heroin, and a combination with Codeine. The injured worker has been on this medication for over 6 months

and the guidelines recommend a short-term use for skeletal muscle relaxants. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

RETROSPECTIVE URINE DRUG SCREEN (DOS 01/08/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: The retrospective request for a urine drug screen (dated 01/08/2014) is not medically necessary. The injured worker performed a urine drug screen on 01/08/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state for patient at low risk of addiction/aberrant behavior should be tested within six month of initiation of therapy and on yearly bases thereafter. There is no reason to perform confirmatory testing unless the test in inappropriate or there are unexpected results. The urine drug screen performed in 06/2013 was consistent with prescription therapy. The injured worker is not shown to be high risk and therefore a urine drug screen is not warranted at this time. Therefore, the request is not medically necessary.

BED REQUEST: Upheld

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

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, Mattress Selection.

Decision rationale: The request for a bed request is not medically necessary. The injured worker reports complaints of insomnia and cannot sleep without medication. The Official Disability Guidelines do not recommend using firmness as sole criteria. In a recent random controlled trial, a waterbed and a body contour foam mattress generally influenced back symptoms, functions, and sleep more positively than a hard mattress, but the differences were small. The dominant problem in the study was the large amount of dropouts. The predominant reason for dropping out before trial involved the waterbed, and there was some prejudice towards this type of mattress. The hard mattress had the largest amount of test persons who stopped during the trial due to worsening low back pain, as users were more likely to turn around in the bed during the night because of pressures on protruding body parts. There are no high quality studies to purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. There was a lack of documentation regarding the medical necessity being that mattress selections

are subjective and depend on personal preference and individual factors. The guidelines do not support the bed request. Therefore, the request is not medically necessary.