

Case Number:	CM14-0023742		
Date Assigned:	06/11/2014	Date of Injury:	10/17/2001
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 & 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:

The injured worker is a 47-year-old male who reported an injury on 10/17/2001 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/16/2014, the injured worker complained of nerve pain and left leg pain, back pain, knee pain because of abnormal gait, foot pain with hypersensitivity of the S1 area and left wrist pain after fall when left leg gave out. It was also noted that the injured worker was there to request more physical therapy for his ongoing back pain. His prescribed medications include Ativan as needed for sleep, anxiety, and muscle relaxation, Lidoderm patch, and Valium 5mg. The injured worker stated that he had used Voltaren gel for his back pain but had not used it for his knees or wrist. The physical examination of the back revealed limit flexion with arm supporting, but has pain if he extends backwards, lateral flexion and rotation, pain in the lumbosacral area, positive visible muscle spasms, positive painful lipomas at the lower lumbosacral area and a positive mild left straight leg raise bilateral to the back and lateral thigh. It is noted that there was pelvic obliquity because of weight on the left lower extremity. It was noted the injured worker could not stand straight and support himself. Physical examination of the lower extremities revealed the right knee flexion 100 degrees and the left knee flexion 115 degrees, full extension and can squat, the right knee has pain posteriorly and pain at the joint line with mild swelling. It was noted that there was decreased sensation along the outside of the left foot and the left leg outside the leg. Gait and station were abnormal and the injured worker could not easily toe walk and could not heel walk on the left. It was noted that past treatments include acupuncture, aqua massage table, chiropractic sessions, physical therapy, massage, traction, ESIs to L4-5 and S1 with efficacy tapering off over a month, rhizotomy dated 09/2010 and 8/2011 that helped for a month, and rhizotomy dated 02/2012 to the lumbar area helped for several months, spinal cord stimulation, and injections to the left wrist, right knee that the injured worker reported helped

some. It was annotated that the injured worker used H-wave every day for one-half hour to 45 minutes and reported that it did not get rid of the pain but mask the pain. He also used TENS for the left leg and foot and stated it was better than taking the medications. He stated he was going to the gym independently after the H wave unit use. He state he worked out at the gym and noted his sleep was better only waking up 2 times instead of 6 to 7 times. The injured worker also stated that he previously participated in physical therapy for his back without bracing. The past surgeries were annotated as 6 back surgeries and a right knee arthroscopy dated 11/12/2008. The diagnoses included radiculopathy left L5, right S1 with the greater toe, right S1 with scar versus central stenosis, failed back syndrome, DDD L3-4 after L4-5 fusion, facet disease, sympathetic changes between left and right, S1 neuralgia versus CRPS fasciculations suggest nerve damage ongoing, postsurgical scars and painful lipomas, right knee pain with DJD, left knee pain, left wrist evaluation, sole sensitivity, plantar fasciitis, and deconditioning which needs an aggressive stabilization program to the knee to treat and then possible FRP. The treatment plan included Ativan 5 mg at bedtime #30 to help with anxiety, sleep, and depression; Valium 5 mg at sleep for cramps; Voltaren 1% three 100 gram tubes for elbow, thumb, wrist, and right knee to avoid much oral medications; Lidoderm 1.35 applied to back up to 3 times per day 12 hour patch left and right side #90; consult for the right knee treatment options; counseling; consideration of SCS and continuation to see [REDACTED] regarding the wrist. The request for authorization for 6 months gym program for the diagnosis of lumbar pain was submitted on 02/14/2014. The request for authorization for a prescription of Ativan and the prescription of Voltaren with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VOLTAREN 1% 3 100GM TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 prescription of Voltaren 1% three 100 gram tubes is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is noted that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 grams per day (8 grams per joint per day in the upper extremity and 16 grams per joint per day in the lower extremities). In the clinical notes provided for review, there is lack of documentation of the injured worker having symptoms of osteoarthritis pain in the joints for which the request for Voltaren is indicated for. The clinical notes only address the right knee which is noted as only having pain posteriorly. The physical

examination did not address the elbows, thumbs, or wrists. There is also lack of documentation of the pain level status and functional deficits of the injured worker pertaining to the right knee, elbow, thumb, and wrist. The clinical notes indicate the injured worker has used Voltaren gel for his back; the guidelines recommend Voltaren gel for use on sites which are amenable to topical treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for 1 prescription of Voltaren 1% three 100 gram tubes is non-certified.

ONE PRESCRIPTION OF ATIVAN 05.MG #30: Upheld

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

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

Decision rationale: The request for 1 prescription of Ativan 0.5mg is non-certified. The California Guidelines state that 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. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In the clinical notes provided for review, there is lack of evidence of the injured worker's anxiety level being addressed or use of antidepressants. It was also noted that the injured worker's sleep regime was better, that he only woke up 2 times instead of 6 to 7 times. Furthermore, it is also noted that the injured worker has been on Ativan longer than 4 weeks, which exceeds the recommended use of up to 4 weeks. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for 1 prescription of Ativan 0.5mg #30 is non-certified.

6 MONTHS STAY FIT INDEPENDENT GYM PROGRAM: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The request for 6 months stay fit independent gym program is non-certified. The Official Disability Guidelines (ODG) state that a gym membership is not recommended as a medical prescription unless a home exercise program 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. In the clinical notes provided for review, it is noted that the injured worker has been going to the gym independently with positive outcomes. However, the guidelines state that a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The clinical notes do not address the injured worker having a home exercise program that is not effective. Furthermore, the guidelines state that treatment needs to be monitored and administered by medical professionals. Therefore, the request for 6 months stay fit independent gym program is non-certified.