MAXIMUS Federal Services

Case Number:	CM14-0025139		
Date Assigned:	06/11/2014	Date of Injury:	02/10/2011
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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, Pain Medicine 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 58 year old female injured on 02/10/11 as a result of a fall. Current diagnoses include cervical pain, status post right shoulder subacromial decompression/ Mumford/anterior labral debridement on 06/10/13, left shoulder impingement syndrome with acromioclavicular joint pain, lumbar strain with right lower extremity radiculitis, right greater than left hip bursitis, right greater than left knee pain, right greater than left ankle sprain, and headaches of possible industrial origin. The clinical note dated 12/04/13 indicates the injured worker presented complaining of aching, throbbing, sharp pain in the cervical spine with radiation into her right shoulder extending to the right hand and fingers. The injured worker also reports frequent headaches and tingling in her bilateral hands and shoulder and stiffness in the cervical spine aggravated by turning of the head. Physical examination of the cervical spine revealed paraspinal muscle tenderness to palpation, mild spasm, guarding, and decreased range of motion. Examination of the upper extremity revealed sensation intact, reflexes are 1-2+ and symmetrical, no pathological reflexes present, no weakness or atrophy involved in the upper extremities. The clinical note dated 01/15/14 indicates the injured worker presented complaining of persistent neck and upper extremity pain, gastric upset, and headaches while working. The injured worker denies depression. The treatment recommendation included a gym membership to allow the injured worker to continue a home exercise program and prescription for Voltaren cream provided. The initial request for a gym membership and Voltaren cream 100 grams was initially non-certified on 02/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP: 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: As noted in the Official Disability Guidelines, 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 risk of further injury to the injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request for gym membership cannot be recommended as medically necessary at this time.

VOLTAREN CREAM 100 GMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Voltaren Gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such the request for Voltaren cream 100 gms cannot be recommended as medically necessary at this time.