MAXIMUS Federal Services

Case Number:	CM14-0030027		
Date Assigned:	06/20/2014	Date of Injury:	04/10/2012
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and Ohio. 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 53-year-old female who reported an injury on 04/10/2012. The mechanism of injury was a slip and fall. This included impingement syndrome of the left shoulder. Previous treatments included an MRI, medication, acupuncture, and an EMG. Within the clinical note dated 02/28/2014, it was reported the injured worker complained of constant discomfort in the cervical spine that became worse causing a handicap. Discomfort in the left shoulder. She complained of left upper extremity pain with radiation from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker reported having intermittent discomfort in the low back that became more constant to very significant with heavy lifting and repetitive bending. On the physical examination of the neck, the provider noted the cervical spine to be stiff, with flexion at 50 degrees and extension at 60 degrees. There was flexion at 40 degenerative, and extension at 30 degrees. The injured worker had pain on minimal range of motion of the neck. The provider indicated sensation was decreased over the left index and long finger. The provider noted motor power was 4/5 over the left tricep and 5/5 on the right tricep. The injured workers reflexes were decreased but present. The provider noted range of motion of the bilateral shoulders was flexion at 180 degrees, and extension at 50 degrees. Upon examination of the low back, the provider noted tenderness over the lumbar spinal process and interspinous ligaments. Range of motion was flexion at 30 degrees and extension at 20 degrees. The provider requested for gym membership for pool exercise, shoulder rehab for left shoulder, alprazolam, Flexeril, and hydrocodone. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for pool exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder Chapter, Gym memberships.

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 injured worker complained of constant discomfort in the cervical spine, and left shoulder. She complained of left upper extremity pain which radiated from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker complained of intermittent discomfort of the low back. The Official Disability Guidelines do not recommend a gym membership 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 monitored and administered by a medical professional. While the individual exercise program is of course recommended, more elaborate personal care for outcomes are monitored by health professionals, such as a gym membership 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. Gym memberships, health clubs, swimming pools, athletic clubs would not be generally considered medical treatment and therefore, are not covered under the guidelines. There is lack of documentation indicating the injured worker to have participated in a home exercise program with periodic assessment and revision which has been effective. The documentation submitted did not provide an adequate clinical rationale as to the ineffective home exercise program or the need for a specific gym equipment. The request does not specify the duration of the membership the provider is requesting. Therefore, the request for gym membership for pool exercise is not medically necessary and appropriate.

Shoulder Rehab Kit for the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home Exercise Kits.

Decision rationale: The injured worker complained of constant discomfort in the cervical spine, and left shoulder. She complained of left upper extremity pain which radiated from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker complained of intermittent discomfort of the low back. The Official Disability Guidelines recommend home exercise kits where home exercise programs are recommended and physical therapy, or active

self-directed home physical therapy is recommended. Guidelines note a specific shoulder home exercise program results in 69% good outcomes versus 24% in the sham exercise groups, and 20% patient in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. There is lack of significant documentation indicating the medical necessity for the request. The request submitted failed to provide the duration of the treatment the provider is requesting. The type of kit the provider was requesting was not specified in the request. Therefore, the request for shoulder rehab kit for the left shoulder is not medically necessary and appropriate.

Alprazolam #30: Upheld

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

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

Decision rationale: The injured worker complained of constant discomfort in the cervical spine, and left shoulder. She complained of left upper extremity pain which radiated from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker complained of intermittent discomfort of the low back. The California MTUS Guidelines do not recommend alprazolam for long term use due to the long term efficacy being unproven and there is a risk of dependence. The guidelines also note a limited use of alprazolam to 4 weeks. The injured worker has been utilizing the medication for an extended period time since at least 12/2012 which exceeds the guidelines recommendation of 4 weeks. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Alprazolam #30 is not medically necessary and appropriate.

Flexeril 5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The injured worker complained of constant discomfort in the cervical spine, and left shoulder. She complained of left upper extremity pain which radiated from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker complained of intermittent discomfort of the low back. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain, muscle tension and increasing mobility. There was lack of objective findings indicating the injured worker was treated for muscle spasms. There is lack of documentation

indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request submitted did not specify the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2013 which exceeds the guidelines recommendation of short term use for 2 to 3 weeks. Therefore, the request for Flexeril 5mg, #30 is not medically necessary and appropriate.

Hydrocodeine 7.5/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids- On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of constant discomfort in the cervical spine, and left shoulder. She complained of left upper extremity pain which radiated from her neck into her left dorsum forearm and into the dorsum of the right hand. The injured worker complained of intermittent discomfort of the low back. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with addiction with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional improvement. The injured worker has been utilizing the medication since at least 12/2013. In addition, the request submitted did not specify the frequency of the medication. Furthermore, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for Hydrocodeine 7.5/325mg, #30 is not medically necessary and appropriate.