

Case Number:	CM14-0031758		
Date Assigned:	06/20/2014	Date of Injury:	08/19/2012
Decision Date:	07/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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, and is licensed to practice in Illinois. 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 male who reported an injury on 08/19/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be NSAIDs, epidural steroid injections, H-wave, and transcutaneous electrical nerve stimulation unit. The injured worker's diagnoses were noted to be lumbar discogenic pain syndrome, right lower extremity paresthesias, right facet pain, lumbar myofascial pain, L4-5 moderate right and mild left neural foraminal narrowing with impingement of the foraminal area of the right L4 nerve root, and myalgia. The injured worker had a clinical re-evaluation on 06/09/2014. The injured worker's complaints were reported as flare-ups in his back and leg for 2 weeks. He reported increased stabbing and aching, in his right low back with intermittent numbness extending into his right posterior calf and right foot. He had an ESI in 11/2003 with 75% relief of his sciatic pain. During this particular clinical evaluation, he rated his pain an 8/10 without pain medication and a 6/10 with pain medication. Sitting, bending, and lifting aggravated his pain. Lying down with medications improved his pain and function. The injured worker stated the H-wave therapy was more effective than the TENS unit. He requested a refill for Hydrocodone, and reported continued use of Motrin on a daily basis and an intermittent use of Cyclobenzaprine. The clinical evaluation notes vital signs within normal limits, no apparent distress, and no sign of sedation or aberrant behavior. The injured worker had tenderness along the right lower lumbar paraspinals, flexion to 70 degrees and extension to 15 degrees. Side bending was normal. Straight leg raise was negative. The discussion included the injured worker continuing to use his gym membership. The treatment plan included a personal trainer to train the injured worker on specific exercises for his low back. The injured worker was to continue using Cyclobenzaprine for muscle spasms, and Motrin for pain. The injured worker indicated he did not need refills on those medications. He was advised on the potential risks and

side effects of his medications. He was advised on the use of his medications. The injured worker understood and agreed. The provider's rationale for the requested gym membership was not provided in the documentation. The provider's rationale for the requested Terocin patch was not provided within the documentation. The provider's rationale for Flexeril and motion was provided within the treatment plan in the re-evaluation dated 06/09/2014. A request for authorization for medical treatment was provided for the gym membership and dated 02/04/2014. The request for authorization for medical treatment was not provided for Terocin, Flexeril, or Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership (1 year): 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 memberships.

Decision rationale: The request for a gym membership for 1 year is non-certified. The Official Disability Guidelines do not recommend gym memberships 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 patient. Gym memberships, health clubs, swimming pools, athletics, etc. would not generally be considered medical treatment, and are therefore not covered under these guidelines. In addition to the guideline recommendations, the most current clinical note provided within the documentation already implies the injured worker is currently using a gym membership. Therefore, the request for a gym membership (1 year) is not medically necessary and appropriate.

Terocin 120mcg (bottle): Upheld

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

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

Decision rationale: The request for Terocin 120 mcg (bottle) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Terocin contains methyl salicylate, Capsaicin, menthol, and Lidocaine. The guidelines state many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compound agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. Terocin contains Capsaicin 0.025%. The guidelines only recommend Capsaicin for patients who have not responded or are intolerant to other treatments. Terocin contains Lidocaine 2.50%. The guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Terocin cream contains Lidocaine and Capsaicin, both not recommended. There is no documentation of the injured worker specifically failing a trial of antidepressants or anticonvulsants. There is no documentation of the injured worker not responding or being intolerant to other treatments. In addition, the request fails to indicate a frequency and area of topical application. Therefore, the request for Terocin 120 mcg (bottle) is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 1.7 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state antispasmodic medications are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used to treat musculoskeletal conditions, whether spasm is present or not. Flexeril is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used for longer than 2 to 3 weeks. The clinical evaluation on 06/09/2014 indicates chronic use of Cyclobenzaprine as well as a treatment plan to continue it. The guidelines do not support chronic use of Cyclobenzaprine. The documentation fails to provide efficacy for use of Cyclobenzaprine. In addition, the request for Flexeril fails to provide a frequency and a quantity. Therefore, the request for Flexeril 7.5 mg is not medically necessary and appropriate.

Motrin 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request for Motrin 800 mg is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state regarding Motrin; doses greater than 400 mg have not provided greater relief of pain. The guidelines state higher doses are generally recommended for rheumatoid arthritis. The guidelines continue to recommend using the lowest effective dose. Doses should not exceed 3200 mg per day, and for mild to moderate pain, the guidelines recommend 400 mg every 4 to 6 hours as needed. The treatment plan in the injured workers evaluation recommends 800 mg tabs 3 times a day as needed. This is in excess of the recommendations by the guidelines. The injured worker does not have a diagnosis of rheumatoid arthritis or osteoarthritis. The documentation provided does not indicate any efficacy with use of Motrin as needed. The clinical evaluation on 06/06/2014 indicates the injured worker's pain as radicular pain. In addition, the request for Motrin fails to indicate a frequency and a quantity. Therefore, the request for motion 800 mg is not medically necessary and appropriate.