

<b>Case Number:</b>	CM14-0032794		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Nevada. 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 45-year-old male was reportedly injured on May 13, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 18, 2014, indicated that there were ongoing complaints of neck pain, upper back pain and lower back pain. The physical examination demonstrated a normal gait pattern. There was tenderness of the paravertebral muscles of the lumbar spine. Lower extremity strength was 5/5. Sensation was intact and reflexes were 2+ and symmetrical bilaterally. The treatment plan stated that the injured employee was stable on the current medication regimen which has not changed in greater than six months function, and activities of daily living have improved optimally on the current doses of medication. A pain agreement was drawn for a toxicology screening. A request had been made for a one-year gym membership, reevaluation with the HELP program, Senokot, Hydrocodone, Lyrica, Amrix, Lidoderm Patches, Trazodone, Cymbalta and Levitra and was not certified in the pre-authorization process on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A gym membership for a year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym Membership.

**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), updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended, unless a documented home exercise program with periodic assessment and revision has not been affected, and there is a need for additional equipment. Additionally, treatment in a gym needs to be monitored and administered by medical professionals. There is no documentation in the attached medical record that the injured employee has failed to progress with a home exercise program nor is there any note of accommodation made to have a medical professional present at the gym. For these reasons, this request for a gym membership is not medically necessary.

**Re-evaluation with HELP program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain management programs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), functional restoration programs, updated July 10, 2014.

**Decision rationale:** The guidance for attendance for a functional restoration program such as the HELP program is to have participation within one year's time of the stated date of injury. The injured employee's date of injury was over a decade ago. Additionally, the purpose of such a program is to increase the individual's level of function to participate in a vocation and decrease medication usage. There is no documentation that the injured employee is pursuing work or is being weaned off any medications. For these multiple reasons, this request for a HELP program is not medically necessary.

**Senokot:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

**Decision rationale:** Senokot is a stool softener often prescribed in conjunction with opioid medications to help reduce constipation side effects. As the request for Hydrocodone has been stated to be medically necessary, so is this request for Senokot.

**Hydrocodone:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

**Decision rationale:** According to the most recent progress note in the medical record, it is stated that the injured employee has had improved function, and that activities of daily living have improved optimally on the current doses of medication. A pain agreement was drawn for a toxicology screening. Considering this, it is reasonable for the injured employee to continue on his current dosage of Hydrocodone. This request for Hydrocodone is medically necessary.

**Lyrica:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16 of 127.

**Decision rationale:** Lyrica is an anti-epileptic medication indicated for neuropathic pain. According to the most recent note in the medical record, there were no complaints of neuropathic pain and was a normal neurological examination. There is no documentation in the attached medical record that Lyrica has specifically been helpful for the injured employee's pain symptoms. For these reasons, this request for Lyrica is not medically necessary.

**Amrix:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 of 127.

**Decision rationale:** Amrix is a muscle relaxant intended for episodic short-term usage of acute flares of low back pain. There is no mention in the attached medical record that the injured employee is having episodic flares of pain nor were there any muscle spasms present on physical examination. The medical record does not state that this particular medication has been helpful for the injured employee. For these reasons, this request for Amrix is not medically necessary.

**Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** Lidoderm is a brand of Lidocaine patch indicated for the treatment of neuropathic pain. As previously stated, the injured employee does not have any current complaints of neuropathic pain, and there has been a normal neurological examination. Therefore, this request for Lidoderm is not medically necessary.

**Trazodone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681038.html>.

**Decision rationale:** Trazodone is a medication used for insomnia often for those who have concurrent depression or anxiety symptoms. Not only does the medical record not state that the injured employee has any depression or anxiety, but there are no concerns about difficulty sleeping or insomnia. This request for Trazodone is not medically necessary.

**Cymbalta:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13 of 127.

**Decision rationale:** Cymbalta is an antidepressant intended as a first-line treatment option for those with neuropathic pain. The medical record does not state that the injured employee complains of any neuropathic or radicular symptoms nor were there any found on neurological examination. This request for Cymbalta is not medically necessary.

**Levitra:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Vardenafil (Levitra).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603035.html>.

**Decision rationale:** Levitra is a medication used to treat erectile dysfunction. There is no mention in the attached medical record that the initial employee has any issues with erectile

dysfunction or if it has any relation to the compensable injury. This request for Levitra is not medically necessary.