MAXIMUS Federal Services

Case Number:	CM14-0042180		
Date Assigned:	06/20/2014	Date of Injury:	11/02/2000
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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, 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 patient is a 56-year-old female with a date of injury on 11/02/2000, with diagnoses of status post L4-L5 and L5-S1 lumbar fusion in January 2004. MRI from 02/11/2011 showed solid fusions at L4-L5 and L5-S1, and moderate spinal stenosis at L3-L4. Utilization review performed on 02/27/14 non-certified a gym membership with [redacted] for self-guided water therapy 6 months as medical evidence based guidelines do not support the use of a gym membership for industrial claims as professional supervision of the injured worker may be inadequate. A request for Flexeril was also non-certified, reasoning that this medication is recommended for a short course of therapy and it appears this drug is being used chronically. Previous treatment has included physical therapy, medications, epidural steroid injections, and surgery including lumbar fusion. On 05/20/14 the patient reported subjective complaints of persistent low back pain. She reported at least 60% relief of radiating symptoms in the right lower extremity since the epidural steroid injection done in January. It was reported she is doing well on the current medication regimen which includes Norco 5/325 mg 2 per day, Tramadol ER 150 mg twice daily, Tizanidine 4 mg twice daily, Relafen 750 mg one tablet twice daily, Prilosec 20 mg one tablet daily, Colace 100 mg 3-4 per day, Cymbalta 60 mg per day, and Temazepam 30 mg at night (per psychiatrist). Objective findings were reported as "no significant change." Treatment plan was for a two-month refill of her medications. It was reported she is working full-time, is highly functional and doing well on this regimen. On progress note dated 03/12/14, the patient reported pain levels of 8/10 without medications and 4/10 with medication use. Examination findings revealed tenderness to the lumbar paraspinal muscles, right-sided notch tenderness. Gait was normal and she is neurologically intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership with [redacted] for self-guided water therapy (months) Quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), Gym Membership.

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

Decision rationale: The Official Disability Guidelines (ODG) for gym membership states "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...Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." Records in this case indicate the patient has previously completed physical therapy, and would be expected to have transition to a home exercise program, which does not require the use of a gym, as patients are typically instructed in exercises that can be performed in the home setting without the use of specialized equipment or pool. There is no clear rationale provided as to why the patient is unable to perform an exercise program in the home setting or why the patient requires a pool. Use of a pool for performance of her home program would be considered an elective and would not be covered as a medical service. Therefore, the request for a gym membership with [redacted] for self guided water therapy for 6 months is not medically necessary and appropriate.

Flexeril 10 mg Quantity: 120: 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 (for pain), pg. 63-66 Page(s): 63-66.

Decision rationale: MTUS guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, records do not identify the presence of spasm on examination. The patient has been prescribed this medication chronically, since at least 2011. Most recent notes indicate the patient is working full-time, highly functional and doing well. As there is no mention that the patient is currently experiencing an acute flare-up of symptoms, and has taken this medication long-term, ongoing use of this Flexeril is not supported by guidelines criteria. Additionally, the current request does not specify frequency of dosing. Therefore, the request for Flexeril 10 mg quantity #120 is not medically necessary and appropriate.