

Case Number:	CM14-0043523		
Date Assigned:	07/02/2014	Date of Injury:	05/29/2011
Decision Date:	12/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 35-year-old female with a 5/29/11 date of injury. The mechanism of injury occurred when she reached out to stop a resident from falling and strained her back. According to a progress report dated 4/8/14, the patient complained of pain in her shoulder and the major portion of her lower lumbar spine and bilateral legs. She rated her shoulder pain at 5-6/10 and lumbar spine pain at 6-7/10. Objective findings: tenderness of paracervical musculature and bilaterally in the trapezii, limited cervical range of motion with discomfort, tenderness present in acromioclavicular joint, tenderness from thoracolumbar spine down to the base of the pelvis. Diagnostic impression: cervical spine hyperextension/hyper flexion, calcific right shoulder tendonitis with impingement, lumbar discopathy. Treatment to date: medication management, activity modification, acupuncture, physical therapy, chiropractic care, FRP. A UR decision dated 4/3/14 denied the requests for outpatient gym and pool membership and Cyclobenzaprine. Regarding gym and pool membership, there is no documentation of failed home exercise or functional improvement from aquatic therapy sessions to date. Regarding Cyclobenzaprine, there is no explicit documentation of spasm relief from use of this medication. Cited guidelines do not recommend long-term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient gym and pool membership for one (1) 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)

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 Chapter - Gym Memberships

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Outpatient Gym and pool membership for one (1) year was not medically necessary.

Cyclobenzaprine 7.5 mg #60 (60): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) muscle relaxants for short-term usage

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking cyclobenzaprine since at least 1/4/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 7.5 mg #60 (60) was not medically necessary.