

Case Number:	CM14-0050885		
Date Assigned:	07/07/2014	Date of Injury:	11/18/2009
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old man with an 11/18/09 date of injury. At the time (3/21/14) of the request for authorization for 24 Hour Fitness Gym Membership 1-6 Months and Zipsor 25MG, 120 count, there is documentation of subjective (moderate neck pain, thoracic pain and low back pain) and objective (diffuse tenderness to palpation over the lumbosacral spine, decreased lumbar range of motion, and an antalgic gait) findings, current diagnoses (lumbosacral radiculopathy, chronic pain syndrome, degeneration of lumbosacral intervertebral disc, and lumbago), and treatment to date (aquatic therapy with functional improvement; and medications (ongoing therapy with Ibuprofen)). In addition, medical report plan identifies a request to start the patient on Zipsor prn pain. Regarding 24 Hour Fitness Gym Membership 1-6 Months, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Regarding Zipsor 25MG, 120 counts, there is no documentation that the requested Zipsor 25MG, 120 count is being used for the shortest duration possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Hour Fitness Gym Membership 1-6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, GYM MEMBERSHIP.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. The Official Disability Guidelines identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy, chronic pain syndrome, degeneration of lumbosacral intervertebral disc, and lumbago. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for 24 Hour Fitness Gym Membership 1-6 Months is not medically necessary.

Zipsor 25MG, 120 count.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zipsor (diclofenac potassium liquid-filled capsules); Diclofenac.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. The Official Disability Guidelines identifies that Zipsor (diclofenac potassium) is not used as first line therapy due to increased risk profile and should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculopathy, chronic pain syndrome, degeneration of lumbosacral intervertebral disc, and lumbago. In addition, given documentation of ongoing treatment with Ibuprofen, there is documentation of Diclofenac used as second line therapy. However, there is no documentation that the requested Zipsor 25MG, 120 count is being used for the shortest duration possible. Therefore, based on guidelines and a review of the evidence, the request for Zipsor 25MG, 120 count is not medically necessary.