MAXIMUS Federal Services

Case Number:	CM14-0069873		
Date Assigned:	06/27/2014	Date of Injury:	06/01/1993
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and transfer of care to and from various providers in various specialties; extensive amounts of cognitive behavioral therapy over the course of the claim; and a TENS unit.In a March 26, 2014 utilization review report, the claims administrator denied a request for 16 months of a gym membership and also denied Flector patches. Paxil and Naprosyn were approved while Valium, Zestril, Flagyl, laboratory testing, and toxicology testing were conditionally denied. The applicant's attorney subsequently appealed.In a medical-legal evaluation of November 7, 2011, it was suggested that the applicant was not working and could be a candidate for vocational rehabilitation program. The medical-legal evaluator acknowledged that YMCA gym membership, which the applicant was receiving was part of the applicant's independent exercise program and was, however, an article personal choice as opposed to the an article of medical necessity. In a handwritten note of May 24, 2014, difficult to follow, not entirely legible, the applicant was placed off of work from a mental health perspective, owing to ongoing symptoms of depression and anxiety. Paxil and Valium were renewed.On March 12, 2014, the attending provider apparently sought authorization for six month gym membership for reconditioning and strengthening of the lower back. Flector patches were apparently sought. The applicant was given a primary diagnosis of chronic low back pain status post earlier lumbar laminectomy. The applicant was described as using Zestril, Flagyl, Naprosyn, Flector, Paxil, and Valium. Theramine capsules were also apparently introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 months of gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, both per ACOEM and the per applicant's medical-legal evaluator, and article of applicant-responsibility/individual choice as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.

1 prescription of Flector Patches 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Pain, Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac section Page(s): 112.

Decision rationale: In this case, the applicant's primary pain generator is, in fact, the spine (low back), a body part for which topical diclofenac (Voltaren) had not been evaluated. Therefore, the request for Flector patches are not medically indicated owing to the tepid-to-unfavorable MTUS recommendation and the failure of the attending provider to furnish any narrative commentary as to why first line oral pharmaceuticals could not be employed here. Accordingly, the request is not medically necessary.