

Case Number:	CM14-0082147		
Date Assigned:	07/21/2014	Date of Injury:	11/19/2011
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 11/19/2011; while in a truck, seated as a passenger, the truck hit a pothole and the injured worker jerked his head and neck. Diagnoses were neck pain, low back pain. Past treatments were acupuncture, physical therapy, aqua therapy, TENS unit, back brace, and lumbar epidural steroid injection. Diagnostic studies were x-ray, nerve conduction velocity study with no report, MRI of the lumbar spine on 01/30/2013 that revealed desiccations in multiple levels (L5-S1 disc was nearly collapsed), evidence of laminectomy, mild stenosis. Surgical history was right laminectomy L5-S1. Physical examination on 06/26/2014 revealed complaints of lower back and neck pain. The injured worker reported his back pain was manageable at about a 4/10 pain scale. Currently, he rated his pain at an 8/10. The injured worker reported he had a few sessions of aqua therapy and did notice that he was able to bend better and sit for longer periods of time. Physical examination revealed a decrease in the range of motion for the cervical spine for flexion and extension. Pain was reported with Spurling's maneuver from off to the left shoulder. It appeared to be in the C3 or C4 distribution. Straight leg raise was negative bilaterally. Medications were Norco 10/325 two to 3 a day, baclofen 20 mg as needed, Colace 100 mg as needed, and amitriptyline 10 mg 1 to 2 tablets at nighttime. Treatment plan was to continue medications as directed, also for a request of a 6 month gym membership with a pool. The rationale was not submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month Gym Membership with a pool: 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) Low Back (updated 05/12/14) Gym memberships.

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

Decision rationale: The request for 6 month Gym Membership with a pool is not medically necessary. Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Additionally, it indicates that gym memberships would not generally be considered medical treatment and therefore, are not covered under these guidelines. Although the injured worker reported functional improvement from the aqua therapy, the medical guidelines do not support the request for gym membership.

Norco 10/325mg up to 5/day #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg up to 5/day quantity 150 is not medically necessary. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Although the injured worker reported pain relief and functional improvement from the medication the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Baclofen 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Baclofen 20mg BID quantity 60 is not medically necessary. Baclofen (Lioresal, generic available): It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. There was no

documentation of significant functional/vocational benefit with the use of this medication. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.