

Case Number:	CM14-0083633		
Date Assigned:	07/21/2014	Date of Injury:	08/08/2000
Decision Date:	08/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is 43 years old male with date of injury 11/21/14. He has been complaining of lower back pain with radiation into both lower extremities and buttocks. The pain was described as constant aching, stabbing and hot needles in feet, rated 6-7/10. His sleep was also interrupted due to pain. The injured worker presents with numbness in the BLE, tingling in the BLE, stiffness of the lower back, and sleep interference. Objective findings include antalgic gait and stooped posture. Diagnosis was lumbar laminectomy syndrome, depression and joint pain on the shoulder region. His medications include Alprozolam, Baclofen, Alka-seltzer and Neurontin with a plan to attend the gym, in order to allow the injured worker to effectively manage his pain and maintain current levels of function. Previous request for Alprozolam, Baclofen, Neurontin, Alka-seltzer, and gym were not certified on 5/21/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership for 6 months: 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 - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013.

Decision rationale: Per ODG guidelines, Gym membership is 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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym membership or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. In this case, the provider has requested Gym membership in order to utilize treadmill for the purpose of walking exercise. There is no indication that the injured worker cannot walk outdoors. Furthermore, Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.

Neurontin 600mg, qty 90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Neurontin, has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Other applications for pain are considered off-label and are not FDA approved. The medical records do not establish the patient has neuropathic pain due to diabetic neuropathy or post-herpetic neuralgia. Furthermore, there is no documentation of any improvement in pain or function with prior use. Therefore, the medical necessity of Neurontin 600mg # 90 has not been established under the guidelines.

Alka-Seltzer 324mg, qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. {11 references}.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDRv.

Decision rationale: There is no evidence of stomachache, heartburn, GERD or gastritis in this injured worker. Hence, the medical necessity of the request for ALka-Seltzer cannot be established at this time.

Alprazolam 0.5mg, qty 15, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Alprazolam, is a short-acting benzodiazepine that is used for the treatment of anxiety disorder and panic attacks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, there is no documentation of a detailed history including objective findings pertinent to anxiety to demonstrate the medical necessity. Furthermore, there is no documentation of any improvement in pain or function with prior use. Additionally, there is no documentation of a psychiatric evaluation. Therefore, the medical necessity of the request for Alprazolam 0.5mg, #15 with 2 refills is not established.

Baclofen 10mg, qty 60, with 2 refills: 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, Baclofen.

Decision rationale: Baclofen (Lioresal): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. 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 (trigeminal neuralgia, non-FDA approved). In this case, there is no evidence of any neurological disorder or documentation of any significant muscle spasm to necessitate its use. Furthermore, there is no documentation of any improvement in pain or function with prior use. Therefore, the medical necessity of the request for Baclofen is not established.