

Case Number:	CM14-0087899		
Date Assigned:	07/23/2014	Date of Injury:	10/03/2011
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on October 3, 2011. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated ambulation with the assistance of a cane, decreased range of motion of the lumbar spine limited by pain, spasms and tenderness along the lumbar spine paraspinal muscles, the right knee noted mild joint swelling and a positive patellar grind test and McMurray's test. There were plans for the injured employee to lose weight and have a possible gastric bypass surgery in order to lose enough weight for a right knee total knee replacement. Diagnostic imaging studies of the right knee showed moderate to severe degenerative changes in the medial compartment and mild degenerative changes in the lateral compartment there was an oblique tear in the medial meniscus. Previous treatment includes a right knee partial meniscectomy and arthroscopic chondroplasty. A request was made for a gym membership, Lidoderm patches, and Omeprazole and was not certified in the preauthorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (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 (ODG) Gym memberships and Knee & Leg (updated 03/31/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 2014.

Decision rationale: According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the medical records there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a gym membership is not medically necessary.

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Lidoderm (lidocaine patch) Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidoderm 5 percent patches is not medically necessary.

Omeprazole DR 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing nonsteroidal antiinflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Prilosec is not medically necessary.