

Case Number:	CM14-0088048		
Date Assigned:	07/23/2014	Date of Injury:	06/04/2012
Decision Date:	09/15/2014	UR Denial Date:	06/04/2014
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, has a subspecialty in Interventional Spine 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:

This case involves 57-year-old female who sustained an injury on 06/04/2012. The injured worker's diagnoses include lumbar or lumbosacral disk degeneration and thoracic/lumbosacral neuritis or radiculitis, not otherwise specified. According to the progress report dated 04/25/2014, the injured worker presents with neck, thoracic, low back, and upper right extremity pain. She also states pain radiates down to right leg with weakness and numbness. Her pain is 9/10, but improved with Norco, Celebrex, and Flexeril. The injured worker continues to work and is clear to do full-time work on a modified-light duty schedule. She notes "some improvement of her numbness in her arms since starting Celebrex and Gabapentin." She also reports pain relief with, Flexeril, and Hydrocodone. The treating physician states, "It allows her to function more effectively." The physician is recommending gym membership for 1 year, Cyclobenzaprine 10 mg #120 with 3 refills, Oxybutynin 5 mg #180, Norco 5/325 mg #30, and Celebrex 200 mg #180 with 3 refills, which utilization review denied the requests on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT) & Exercise. See also the Low Back Chapter.

Decision rationale: This injured worker presents with neck, thoracic, low back, and upper right extremity pain. The treating physician is requesting a 1-year gym membership. Regarding gym membership, Official Disability Guidelines (ODG) only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Review of the medical file does not provide a rationale for this request. Review of QME report 02/25/2014, indicates the injured worker has been participating in a home exercise program and has been back to work since 12/12/2012. In this case, ODG does not support one type of exercise over another. Treating physician does not discuss the need for special equipment and it is not known how the injured worker will be monitored by a medical professional. As such, the request is not medically necessary.

Cyclobenzaprine 10mg #120 with 3 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This injured worker presents with neck, thoracic, low back, and upper right extremity pain. The treating physician is requesting a refill of cyclobenzaprine 10 mg #120 with 3 refills. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, the treating physician has prescribed this medication for long-term use. As such, this request is not medically necessary.

Oxybutynin 5mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Health.

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:Mayoclinic.orgDescription and Brand NamesDrug information provided by: MicromedexUS Brand NameDitropanDitropan XLDescriptionsOxybutynin is used to treat symptoms of an overactive bladder, such as incontinence (loss of bladder control) or a frequent need to urinate.Oxybutynin belongs to the group of medicines called antispasmodics. It helps decrease muscle spasms of the bladder and the frequent urge to urinate caused by these spasms.

Decision rationale: This injured worker presents with neck, thoracic, low back, and upper right extremity pain. On 04/25/2014, the treating physician prescribed oxybutynin 5 mg #180. The

treating physician does not provide a rationale for the initiation of this medication. The MTUS, ACOEM and Official Disability (ODG) do not discuss Oxybutynin specifically, however, mayoclinic.org states it is used to treat overactive bladder. The reports do not describe a diagnosis of overactive bladder, neurogenic bladder or a brain injury. It is not certain if the suffer from overactive bladder as there is no discussion regarding why this medication is being prescribed. As such, this request is not medically necessary.

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: This injured worker presents with neck, thoracic, low back, and upper right extremity pain. The treating physician is requesting a refill of Norco 5/325 mg #30. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activity of daily living's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the injured worker has been prescribed Norco since 12/17/2013. In this case, the treating physician states that medication provides pain relief, however, does not discuss specific functional improvement to demonstrate significant improvement as required by MTUS. The treating physician only talks in generalities. There are no discussion regarding opiate management such as adverse side effects and aberrant behavior. As such, this request is not medically necessary.

Celebrex 200mg #180 with 3 refills: Overturned

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 Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61;22;67-68.

Decision rationale: This injured worker presents with neck, thoracic, low back, and upper right extremity pain. The treating physician is requesting a refill of Celebrex 200 mg #180 with 3 refills. Utilization review denied the request stating, "The injured worker is not at intermediate to high risk for gastrointestinal events." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted." Report dated 4/25/14, indicates pain levels are improved with Celebrex. Given injured worker's

continued pain and decrease in pain levels with this medication, this request is medically necessary.