

Case Number:	CM14-0092745		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2010
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas. 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 female injured on 09/17/10 due to an undisclosed mechanism of injury. Diagnoses include post-laminectomy syndrome of the lumbar spine, ankle/foot joint pain, lower leg joint pain, sacrum disorders, and long-term use of medications. Clinical note dated 03/31/14 indicated the injured worker presented complaining of neck, left knee, left ankle, and low back pain. Documentation indicated the injured worker is a recent graduate of functional restoration program with benefit. The injured worker reported increased muscle spasm in the neck, low back, and left knee. The injured worker utilized heat, ice, and massage with benefit. The injured worker reported home exercise program without significant benefit. The injured worker reported no access to gym and therefore cannot utilize appropriate equipment. The injured worker reported previous use of stationary bicycle was beneficial for the knee. The injured worker also reported aquatic therapy improved her mood and joint pain. The injured worker also reported previous acupuncture provided benefit and increased sleep. The injured worker reported running out of Morphine requiring self-tapering. Treatment plan included prescriptions for Cyclobenzaprine, Morphine sulfate ER, Ondansetron, 13 week gym membership trial, and trial sessions of aquatic therapy. The initial requests were non-certified on 06/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 Week Gym Membership Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy (PT) & Exercise. Chapter: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: As noted in the Official Disability Guidelines, gym memberships are 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. 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 injured worker. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. As such, the request for 13 Week Gym Membership Trial cannot be recommended as medically necessary at this time.

Cyclobenzaprine-Flexeril 7.5mg #90ms SIG: 90: 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 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As such, the medical necessity of Cyclobenzaprine-Flexeril 7.5mg #90ms SIG: 90 cannot be established at this time.

Morphine Sulf Er 30Mg 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement

obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Morphine Sulf Er 30Mg 90 cannot be recommended as medically necessary at this time.

Ondansetron-Zofran 4mg #10, 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the injured worker has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis. As such, the request for Ondansetron-Zofran 4mg #10, 10 cannot be recommended as medically necessary at this time.

Aquatic Therapy 2x6 Cervical, Left Knee, Left Ankle and Lumbar Spine 97113: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Aquatic therapy Page(s): 22.

Decision rationale: As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Documentation indicated the injured worker previously participated in aquatic therapy following knee surgery; however, functional improvement associated with the therapy was not provided. Additionally, rationale for aquatic vs. traditional physical therapy was not provided. As such, the request for Aquatic Therapy 2x6 Cervical, Left Knee, Left Ankle and Lumbar Spine 97113 cannot be recommended as medically necessary.