

Case Number:	CM14-0193636		
Date Assigned:	12/01/2014	Date of Injury:	12/21/2010
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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:

The patient is a 49 year old male with an injury date of 12/21/10. Based on the progress report dated 11/05/14, the patient complains of moderate, persistent back pain along with pain in arms, legs, neck and thigh, rated at 8/10. Daily activities worsen the pain while exercise, rest, medications, injections, and ice help alleviate it. Physical examination reveals active, painful range of motion. In progress report dated 05/22/14, the patient rates his pain with medications as 5/10 and without medications as 8/10. Physical examination reveals paraspinal, lumbar, PSIS, SI joint, and paraspinous tenderness along with painful range of motion. The straight leg raise radiates right. The patient has had several lumbar steroid injections, the latest one on 10/22/14 which provided 50% reduction in pain, as per progress report dated 11/05/14. Current medications, as per the same report, include Metoprolol, Simvastatin, Aspirin, B complex, Folbic RF, Multivitamin, Iron ER, and Flexeril. The patient's work status is permanent and stationary, as per progress report dated 11/05/14. MRI of the Lumbar Spine, 03/07/12, as per progress report dated 10/03/13: Multi-level disc disease. Diagnoses, 11/05/14:- Radiculopathy, thoracic and lumbar.- Spinal stenosis of lumbar region, chronic.- Low back pain.- Chronic pain due to trauma.- Myalgia and myositis, unspecified and chronic.- Spondylosis, lumbar, chronic. The treater is requesting for (a) 1 gym membership (b) Flexeril 10 mg one TID # 90 two refills. The utilization review determination being challenged is dated 11/17/14. The rationale follows:(a) 1 gym membership- "The applicable guidelines support gym membership only when there is documentation that a home exercise program has not been effective and there is a need for equipment."(b) Flexeril 10 mg one TID # 90 two refills - "There is no documentation in recent reports of muscle spasm, and while it is suggested that Flexeril helps with leg cramps, there is no

prior documentation of leg cramps in the most recent reports. Treatment reports were provided from 02/06/13 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Low back, Gym memberships.

Decision rationale: MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships 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." In progress report dated 11/05/14, the treater states that the patient "would do well to maintain a self-directed home exercise and stretch program, with an ability to access a gym." The treater further states that the patient has been to physical therapy and "was shown body mechanic retraining, and a home exercise program. It is vital that he keep moving and maintain conditioning." The reports, however, do not specifically discuss objective and subjective outcomes associated with a home regimen program. There are no details about the need for the use of specialized equipment. There is no plan for medical supervision at the gym. This request is not medically necessary.

Flexeril 10 mg one TID #90 with two Refills: Upheld

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

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

Decision rationale: MTUS states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril prescription was first noted in progress report dated 07/15/14. The medication has been part of every progress report since then at least till 11/05/14. In that progress report, the treater states with medications the patient is able to

work/volunteer for a few hours each day and participate in social activities over the weekend. The report also states that without medications, the patient stays home all day. However, this information is not specific to Flexeril. Additionally, the treater does not discuss the impact of Flexeril on the pain scale. The guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The treater's current request of # 90 with 2 refills exceeds this recommendation. This request is not medically necessary.