

Case Number:	CM14-0198087		
Date Assigned:	12/08/2014	Date of Injury:	02/13/2008
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work-related injury on February 13, 2008. Subsequently, the patient developed low back pain. According to the medical report dated September 5, 2014, the patient complained of low back pain radiating to the bilateral lower extremities. He also complained of stress, anxiety, depression, and sexual dysfunction. Examination of the lumbar spine revealed tenderness to palpation present over the paraspinal musculature bilaterally with muscle spasm and muscle guarding present. Straight leg raising test elicited radiating pain to bilateral knees. Range of motion of the lumbar spine was limited by pain. Sensation to pinprick and light touch in the bilateral lower extremities was decreased along the right L5 and left L3 to L5 dermatomes. Motor testing of the major muscle groups of the bilateral lower extremities revealed no weakness. Deep tendon reflexes: patellar and Achilles reflexes were 2+ bilaterally. On the progress report dated October 29, 2014, the patient reported improved low back pain with the last 8 sessions of supervised pool therapy. He rated his pain level at 7/10 without medications and 5/10 with medications the patient was diagnosed with lumbar spine musculoligamentous sprain/strain, bilateral lower extremity radiculitis with multilevel disc protrusion, and facet hypertrophy from L4 to S1, depression, and sexual dysfunction. The provider requested authorization for Celebrex, Gym membership, Norco, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report back pain. Therefore, the prescription of Celebrex 200mg #30 is not medically necessary.

Gym Membership with Pool Access, Unspecified Frequency/Duration: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the patient has been using Celebrex for long term without significant improvement. The patient continued to report back pain. Therefore, the prescription of Celebrex 200mg #30 is not medically necessary. 2. Decision for Gym Membership with Pool Access, Unspecified Frequency/Duration: a) Evidence-Basis for the Decision: Evidence-Based Criteria Cit

Decision rationale: According to MTUS guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, Gym memberships 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 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. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request does not address who will be

monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program. Therefore, the request for one (1) gym membership with pool access is not medically necessary.

Norco 10/325 MG Qty 120: 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): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #120 is not medically necessary.

Flexeril 10 MG Qty 60: 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.

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for FLEXERIL 10 mg # 60 is not medically necessary.