

Case Number:	CM15-0004838		
Date Assigned:	01/16/2015	Date of Injury:	12/29/2003
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on December 29, 2003. He has reported a strain to his lower back. The diagnoses have included degeneration of lumbar intervertebral disc, lumbar radiculopathy and osteoarthritis of spinal facet. Treatment to date has included chiropractic and physical therapy. Currently, the IW complains of low back pain rated as a 5-8 on a 1-10 pain scale. Per the doctor's note dated 11/6/14 physical examination of the low back revealed positive SLR and limited range of motion and decreased sensation in LE. The patient has had MRI of the low back on 12/17/12 that revealed disc bulge with mild foraminal stenosis. The medication list include Vicodin and Mobic. The pain is made worse with activity. He stated that chiropractic and physical therapy helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 yr: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 01/30/15) Gym memberships

Decision rationale: Request: Gym membership x 1 yrACOEM/MTUS guideline does not address for this request. Hence ODG is used.Per the ODG guidelines gym membership is '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.' Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided.Patient has received an unspecified number of PT and chiropractic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided.The previous conservative therapy notes were not specified in the records provided.The records submitted contain no accompanying current PT evaluation for this patient.Rationale for Gym membership x 1 yr was not specified in the records provided.Any evidence of the contradiction to land base therapy was not specified in the records provided. Any evidence of extreme obesity was not specified in the records provided.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided.The medical necessity of the request for Gym membership x 1 yr is not fully established in this patient.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided The medical necessity of the request for Gym membership x 1 yr is not fully established in this patient.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsLidoderm (lidocaine patch) Page(s): page 56-57.

Decision rationale: Request: Lidoderm patches 5% #30According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' There is little to no research to support the use of many of these agents.According to the MTUS Chronic Pain Guidelines 'Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia.'MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the

records provided. The medical necessity of the medication Lidoderm patches 5% #30 is not fully established.