

Case Number:	CM15-0167568		
Date Assigned:	09/08/2015	Date of Injury:	04/21/2000
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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 58 year old female, who sustained an industrial injury on 4-21-2000. She reported severe low back pain after coming back up from a bending position. The injured worker was diagnosed as having discogenic and radicular pain, myofascial back pain, and lumbar spinal stenosis at L4-5. No history of chronic illnesses requiring medical treatment was noted. Treatment to date has included diagnostics, modified duties, left knee arthroscopic surgery, physical therapy, home exercise program (with continued complaints), and medications. Currently (7-06-2015), the injured worker complains of persistent low back pain, with bilateral buttock and lower extremity radicular pain, right greater than left, and left knee pain. Her pain was not rated. She was currently not working (permanent and stationary) and reported that her ability to move since her injury was affected, and she used a four-wheel walker for ambulation. It was documented that she had received extensive conservative treatment, all without significant long-term relief of her complaints. She reported that she attended an organization so she could use the swimming pool (self-procured). It was documented that she was treating with an orthopedist and on 5-12-2015, a trial of physical therapy with use of transcutaneous electrical nerve stimulation unit was recommended. Her current medications included Celebrex and Skelaxin (use noted since at least 2-2015). She also received Omeprazole and Pepcid from her primary care physician. Her physical examination noted "normal" cardiovascular and psychological exams. Her height was 59 inches and her weight was 229 pounds. Her bilateral lower extremity strength was 5 of 5 and she was noted to have mild myofascial lumbar spine pain. Magnetic resonance imaging of the lumbar spine (11-18-2013) was documented as showing a posterior central 4mm L4-5 disc protrusion with mild central canal stenosis and a posterior central 6mm L5-S1 disc protrusion. It was documented

that both Tramadol and Gabapentin were tried in the past and failed. The treatment plan included a one-year gym membership to allow her to exercise and lose weight, physical therapy (1x4) to reinforce home exercise program, and the continued use of Skelaxin and Celebrex. It was documented that given her lack of mobility, it was felt that she could only burn calories in an aquatic environment. If her symptoms did not improve with physical therapy and weight loss efforts, potential referral to a spinal surgeon would be considered. On 7-22-2015, Utilization Review non-certified the request for a one year gym membership and the continued use of Skelaxin and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

One year gym membership x 1: 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), Low Back, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym membership.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states gym memberships are only indicated if there is failure of a home exercise program or the need for specialized equipment. The memberships must be under the direct supervision of a medical professional. The provided medical records for review do not meet these criteria and therefore the request is not medically necessary.

Celebrex 200mg by mouth twice a day #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65, 22, 30, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times

daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Cardiovascular disease: A non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxen plus low-dose aspirin plus a PPI. Mild to moderate risk factors: If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxen is ineffective, the suggested treatment is (1) the addition of aspirin to naproxen plus a PPI, or (2) a low-dose Cox-2 plus ASA. Cardiovascular risk does appear to extend to all non-aspirin NSAIDs, with the highest risk found for the Cox-2 agents. (Johnsen, 2005) (Lanas, 2006) (Antman, 2007) (Laine, 2007) Use with Aspirin for cardioprotective effect: In terms of GI protective effect: The GI protective effect of Cox-2 agents is diminished in patients taking low-dose aspirin and a PPI may be required for those patients with GI risk factors. (Laine, 2007) In terms of the actual cardioprotective effect of aspirin: Traditional NSAIDs (both ibuprofen and naproxen) appear to attenuate the anti-platelet effect of enteric-coated aspirin and should be taken 30 minutes after ASA or 8 hours before. (Antman, 2007) Cox-2 NSAIDs and diclofenac (a traditional NSAID) do not decrease anti-platelet effect. (Laine, 2007) The patient does not have risk factors that would require a COX-2 inhibitor over a traditional NSAID. Therefore the request is not medically necessary.

Skelaxin 800mg by mouth three times a day #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65, 22, 30, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.