

Case Number:	CM15-0183295		
Date Assigned:	09/24/2015	Date of Injury:	08/01/2000
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 08-01-2000. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Tramadol. In a progress note dated 08-31-2015, the injured worker reported bilateral low back pain with occasional shooting pain down to the left lower extremity rated 6-7 out of 10 on the pain scale. The physician noted "when he gets in the pool, he feels a significant reduction in his pain". Objective findings included decreased lumbar spine range of motion with tenderness to palpation. The request for authorization dated 09-10-2015 requested 6 sessions of physical therapy, gym membership for 6 months, retrospective Relafen 750mg twice daily #60, and retrospective Tramadol 50mg three times daily #100. The Utilization Review with a decision date of 09-16-2015 non-certified the request for 6 month gym membership, Relafen 750mg #60, and Tramadol 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months 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, Low Back, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Gym memberships.

Decision rationale: The patient presents with pain affecting the bilateral low back with radiation to the left lower extremity. The current request is for 6 months gym membership. The treating physician report dated 8/31/15 (22B) states, "He needs to exercise on regular basis. I spent a considerable amount of time discussing exercise options with him." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding 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." The guidelines go on to state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In this case, there was no discussion of a need for special equipment in the requesting medical report provided for review. Furthermore, there is also no evidence provided that suggests the patient will be monitored by a medical professional during the duration of his gym membership. The current request does not satisfy the ODG guidelines as outlined in the low back chapter. The current request is not medically necessary.

Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Relafen 750mg #60. The treating physician report dated 8/31/15 states, "For medications, I am going to have him use Relafen 750 once or twice a day which is an anti-inflammatory medication." Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 22 supports this medication for chronic LBP, as first-line treatment, at least for short-term. The medical reports provided do not show the patient has taken Relafen previously. In this case, the patient presents with persistent low back pain and the MTUS guidelines support the short-term use of anti-inflammatory medications to treat chronic low back pain. The current request satisfies the MTUS guidelines as outlined on page 22. The current request is medically necessary.

Tramadol 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Tramadol 50mg #100. The treating physician report dated 8/31/15 (19B) states, "He is also to use tramadol 50 mg 2 to 3 tablets a day and on as needed basis." The report goes on to state, "His family physician has been giving him some tramadol and that is all. He does not want to go back to taking opiates which he did not do very well with." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical records provided do show a limited history of Tramadol use, prescribed from a family physician. In this case, the patient is seeing a new treating physician for first time and is being initiated on a supervised trial of Tramadol. The MTUS guidelines support a trial of opioids. The request is not medically necessary.