

Case Number:	CM15-0188411		
Date Assigned:	09/30/2015	Date of Injury:	08/02/2009
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on 08-02-2009. She has reported injury to the right shoulder, right knee, and low back. The diagnoses have included pain in right knee; right knee internal derangement; pain in sacroiliac; sacroiliac sprain; lower back pain; lumbar sprain; pain in right acromioclavicular-shoulder region; rotator cuff tear; neck pain; and pain in right ankle. Treatment to date has included medications, diagnostics, activity modification, and chiropractic therapy. Medications have included Norco, Ibuprofen, Tylenol, Gabapentin, Meloxicam, Zanaflex and Nexium. It is noted in the documentation that six chiropractic treatments were completed and they were helpful. A progress report from the treating provider, dated 08-17-2015, documented an evaluation with the injured worker. The injured worker reported low back pain persists; stabbing pain in the right knee with standing and walking; right shoulder hurts; and the Gabapentin, Tylenol, and Meloxicam provide little pain relief. Objective findings included positive lumbar spine tenderness; L5-S1 radicular pain; positive shoulder tenderness; positive right knee tenderness; and an antalgic gait to the right limits ambulation. The treatment plan has included the request for acupuncture treatment to lower back, right knee and right shoulder, 24 visits; Famotidine 40 mg quantity 60; Flexeril 10 mg quantity 50 with 1 refill; and gym membership, outpatient (unknown frequency-duration). The original utilization review, dated 09-17-2015, modified the request for acupuncture treatment to lower back, right knee and right shoulder, 24 visits, to acupuncture treatment to lower back, right knee and right shoulder, 6 visits; and non-certified the request for Famotidine

40 mg quantity 60; Flexeril 10 mg quantity 50 with 1 refill; and gym membership, outpatient (unknown frequency-duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to lower back, right knee and right shoulder, 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 24 treatments is greater than the number recommended for a trial to determine efficacy. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Acupuncture treatment to lower back, right knee and right shoulder, 24 visits is not medically necessary.

Famotidine 40 mg Qty 60: 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 - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Famotidine is a histamine H2-receptor antagonist that inhibits stomach acid production, and commonly used in the treatment of peptic ulcer disease (PUD) and gastroesophageal reflux disease (GERD). It is sometimes given prophylactically to prevent PUD when an NSAID is prescribed. According to the MTUS, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend Famotidine. Famotidine 40 mg Qty 60 is not medically necessary.

Flexeril 10 mg Qty 50 with 1 refill: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Flexeril 10 mg Qty 50 with 1 refill is not medically necessary.

Gym membership, outpatient (unknown 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: 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) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym membership.

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Gym membership, outpatient (unknown frequency/ duration) is not medically necessary.