

Case Number:	CM15-0190281		
Date Assigned:	10/02/2015	Date of Injury:	01/25/2006
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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 50-year-old male who sustained an industrial injury 1-25-2006. Diagnoses have included chronic myofascial pain syndrome, bilateral carpal tunnel syndrome, opioid tolerance, and dysphagia secondary to surgery to cervical spine with weight loss of 50 lbs. since 6-10-2014. Documented treatment includes undated cervical spine surgeries C3-4, C4-5, C5-6 and C6-7; arthroscopic surgery to the left shoulder with noted residual impairment in range of motion; home exercise; water exercise, and relaxation meditation. Treatment has also included medications: Percocet noted 7-23-2015 "for 6 weeks for postoperative spinal pain," Norco documented 5-15-2015, Robaxin for muscle spasm, and Ambien; however, it is noted that Ambien was being discontinued. Length of time on medication was not discussed in the provided documents, but Flexeril was present in the 5-15-2015 note, and not the 7-23-2015 note. It is stated by the physician that there is "no documented abuse," and there is routine urine drug screen monitoring compliance. The notes do not provide discussion related to insomnia or sleep hygiene treatment. The injured worker continues to report 6-7 out of 10 pain levels without medication, and a 70-80 percent improvement in pain and function with medication bringing reported levels down to 2 out of 10. The treating physician's plan of care includes Robaxin #90 with one refill, Restoril #30 with 2 refills, and a three month gym membership with a pool. Restoril was modified to #23 with no refills, and Robaxin and the gym membership were non-certified on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #90 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): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2006 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Robaxin 750mg #90 with 1 Refill is not medically necessary and appropriate.

Restoril 30mg #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2006 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Restoril 30mg #30 with 2 Refills is not medically necessary and appropriate.

3 Month Gym Membership with a Pool: 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 - Lumbar & Thoracic: Gym Memberships.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: It can be expected that the patient been instructed in an independent home exercise program to supplement the formal physical therapy previously rendered and to continue with strengthening post discharge from PT for this chronic injury. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. At this time the patient should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The 3 Month Gym Membership with a Pool is not medically necessary and appropriate.