MAXIMUS Federal Services

Case Number:	CM15-0191148		
Date Assigned:	10/05/2015	Date of Injury:	10/22/1990
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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 female individual who sustained an industrial injury on 10-22-90. She is not working. Medical records indicate that the injured worker is being treated for lumbar spine discopathy at L3-4, L4-5 and L5-S1. She currently (8-25-15) complains of low back and bilateral leg pain; achy bilateral knee pain. On physical exam of the lumbar spine there was tenderness to palpation and muscle spasms, decreased range of motion, decreased sensation in the L3-4, L4-5 and L5-S1 distribution bilaterally, bilateral sacroiliac tenderness was noted on compression, positive sciatic nerve compression, positive straight leg raise bilaterally in the supine and seated position. The 5-14-15 note demonstrated and 8-9 out of 10 pain level for the low back; 6-8 out of 10 for bilateral leg pain. Per the 4-2-15 note she is attending the [redacted] again. She has been treated with medications: hydrocodone, per 8-25-15 notes ibuprofen and Tylenol #3 appear to be a new prescriptions, flurbiprofen-menthol-capsaicin 25-10-3-0.0375% 120grams appears to be a new prescription; water therapy which is helpful. The request for authorization was not present. On 9-16-15 Utilization review non-certified the requests for 1 year gym membership; ibuprofen 800mg #90; flurbiprofen-menthol-capsaicin 25-10-3-0.0375% 120grams; Tylenol #3 37.5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

membership for 1 year: Upheld

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

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. membership for 1 year is not medically necessary.

Ibuprofen 800mg #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg #90 is not medically necessary.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%; 120gm tube: 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): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375%; 120gm tube is not medically necessary.

Tylenol #3 (Acetaminophen with Codeine) 37.5/325mg #60: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Tylenol #3 (Acetaminophen with Codeine) 37.5/325mg #60 is not medically necessary.