

Case Number:	CM15-0192794		
Date Assigned:	10/29/2015	Date of Injury:	10/15/1995
Decision Date:	12/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 10-15-1995. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a low back injury and insomnia. Medical records (04-09-2015 to 06-29-2015) indicate ongoing upper and lower back pain. Pain levels were rated 5 out of 10 in severities on a visual analog scale (VAS) for the upper back and 5-7 out of 10 for the low back. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 06-29-2015, revealed slight flattening of the lumbar lordosis, tenderness to palpation in the lumbar paraspinal musculature, midline tenderness in the lumbar spine, and restricted range of motion in the lumbar spine. Relevant treatments have included lumbar fusion surgery, physical therapy (PT), work restrictions, and medications (Ambien and Prilosec since at least 04-2015). The request for authorization (06-29-2015) shows that the following medications and service were requested: 1 year gym and pool membership, Prilosec 20mg #60, and Ambien 10mg #30. The original utilization review (09-02-2015) non-certified the request for 1 year gym and pool membership, Prilosec 20mg #60, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 one-year gym and pool membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, one-year pool and gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment, revision has not been effective, and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. 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, the injured worker's working diagnosis is status post lumbar spine fusion. Date of injury is October 15, 1995. Request for authorization is August 20, 2015. According to a June 29, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the right buttock and sciatic notch. Pain is a 6/10. Objectively, the injured worker has a normal gait. There is tenderness over the lumbar spine paraspinal muscles. There is no muscle spasm in the lumbar spine. Range of motion flexion, extension and rotation is decreased. Motor function is normal. The treatment plan indicates a request to start Prilosec. The treating provider is renewing Ambien the treatment plan contains a request for a one-year gym and pool membership. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for gym membership, one-year pool and gym membership is not medically necessary.

60 Prilosec (Omeprazole) 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #60 Prilosec (Omeprazole) 20 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding;

concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnosis is status post lumbar spine fusion. Date of injury is October 15, 1995. Request for authorization is August 20, 2015. According to a June 29, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the right buttock and sciatic notch. Pain is a 6/10. Objectively, the injured worker has a normal gait. There is tenderness over the lumbar spine paraspinal muscles. There is no muscle spasm in the lumbar spine. Range of motion flexion, extension and rotation is decreased. Motor function is normal. The treatment plan indicates a request to start Prilosec. The treating provider is renewing Ambien the treatment plan contains a request for a one-year gym and pool membership. The treating provider is going to start Mobic (a non-steroidal anti-inflammatory drug) and Prilosec. There is no clinical indication or rationale for a proton pump inhibitor. There are no co-morbid conditions or risk factors for gastrointestinal events. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no co-morbid conditions or risk factors for gastrointestinal events and no clinical rationale for starting proton pump inhibitors, #60 Prilosec (Omeprazole) 20 mg is not medically necessary.

30 Ambien 10mg: 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), Pain (Chronic) - Zolpidem (Ambien).

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

Decision rationale: Pursuant to the Official Disability Guidelines, #30 Ambien 10 mg group is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis is status post lumbar spine fusion. Date of injury is October 15, 1995. Request for authorization is August 20, 2015. At a minimum, the documentation shows Ambien was prescribed as far back as April 9, 2015. According to a June 29, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the right buttock and sciatic notch. Pain is a 6/10. Objectively, the injured worker has a normal gait. There is tenderness over the lumbar spine paraspinal muscles. There is no muscle spasm in the lumbar spine. Range of motion flexion, extension and rotation is decreased. Motor function is normal. The treatment plan indicates a request to start Prilosec. The treating provider is renewing Ambien. The documentation does not contain subjective evidence of insomnia. There is no documentation of objective functional improvement in sleep. The guidelines recommend short-term (7-10 day) use of Ambien. The treating provider, at a minimum, has prescribed Ambien in excess of six months. There are no compelling clinical facts

to support the ongoing use of Ambien. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective evidence of insomnia or sleep disturbance, no objective evidence of functional improvement to support ongoing Ambien, and no compelling clinical facts to support the ongoing use of Ambien with guideline recommendations for short-term (7-10 day) use, #30 Ambien 10 mg group is not medically necessary.