

Case Number:	CM15-0204435		
Date Assigned:	10/21/2015	Date of Injury:	07/11/2012
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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 28 year old female, who sustained an industrial injury on July 11, 2012, incurring upper, mid and lower back injuries. She was diagnosed with a cerebral concussion, cervical sprain, cervical radiculopathy, and lumbar sprain. Treatment included pain medications, anti-inflammatory drugs, diagnostic imaging, sleep aides, antidepressants, neuropathic medications, and activity restrictions. Currently, the injured worker complained of constant neck and upper back pain and numbness. She noted persistent daily headaches and neck and upper back pain. She rated her pain 6 out of 10 on a pain scale from 0 to 10 without medications and 1-2 out of 10 with medications allowing her to participate with activities of daily living. She noted restricted range of motion of the cervical and thoracic spine. The injured worker complained of difficulty sleeping. The treatment plan that was requested for authorization included a prescription for Naproxen 550 mg #120 and a gym membership with pool for three months. On October 5, 2015, a request for Naproxen and a Gym membership was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are post-traumatic chronic headaches as well as vascular type headaches; chronic myofascial pain syndrome, cervical thoracic spine moderate to severe; and mild left C5 radiculopathy. Date of injury is July 11, 2012. Request for authorization is September 28, 2015. According to the earliest progress note in the medical record dated March 24, 2015, current medications included naproxen, gabapentin and tramadol. According to utilization review, the earliest date of prescribing naproxen was dated June 2014. According to progress note dated September 22, 2015, subjective complaints include headache, neck pain and upper back pain 2/10. Objectively, there is decreased range of motion in the cervical spine and thoracic spine with trigger points in the paraspinal cervical spine musculature and trapezius. There is no documentation of attempted weaning of Naproxen. Naproxen is not indicated for chronic use. Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation demonstrating objective functional improvement to support ongoing naproxen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of attempted weaning and no documentation of objective functional improvement to support ongoing Naproxen, Naproxen 550 mg #120 is not medically necessary.

Gym Membership with Pool x 3 month: 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) <http://www.odg-twc.com>.

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, gym membership with pool times three months is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 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 workers working diagnoses are post-traumatic chronic headaches as well as vascular type headaches; chronic myofascial pain syndrome, cervical thoracic spine moderate to severe; and mild left C5 radiculopathy. Date of injury is July 11, 2012. Request for authorization is September 28, 2015. According to the earliest progress note in the medical record dated March 24, 2015, current medications included naproxen, gabapentin and tramadol. According to utilization review, the earliest date of prescribing naproxen was dated June 2014. According to progress note dated September 22, 2015, subjective complaints include headache, neck pain and upper back pain 2/10. Objectively, there is decreased range of motion in the cervical spine and thoracic spine with trigger points in the paraspinal cervical spine musculature and trapezius. There is no documentation of attempted weaning of naproxen. Naproxen is not indicated for chronic use. Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation demonstrating objective functional improvement to support ongoing naproxen. The treating provider requested swimming pool exercises to aid in general strengthening, physical conditioning and mood elevation. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. There are no compelling clinical facts to support a gym membership. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guidelines non-recommendations for gym memberships, gym membership with pool times three months is not medically necessary.