

<b>Case Number:</b>	CM15-0042475		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Iowa

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 65 year old male, who sustained an industrial injury on 6/1/2010. The current diagnoses are lumbar spine radiculitis and lumbar spine stenosis. According to the progress report dated 11/19/2014 the injured worker complains of low back pain that radiates down the left posterolateral lower extremity in the L3-4 and L4-5 distributions. He reports numbness, tingling, and weakness in the left lower extremity. The pain is rated a constant 7/10 on a subjective pain scale. The medications list was not included in the medical records provided. Treatment to date has included activity modification, medication management, MRI, physical therapy, acupuncture, aqua therapy, and epidural steroid injection (11/19/2014). The plan of care includes pool & gym membership for 1 year and Ibuprofen 10% cream. A utilization review dated 2/2/15 did not certify the request for 1) pool/gym membership and 2) Ibuprofen 10% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool & Gym Membership for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

**Decision rationale:** MTUS does not provide recommendations regarding gym memberships. ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective, and there is a need for specific equipment. ODG also states that this treatment should to be monitored and administered by medical professionals. According to MTUS, aquatic therapy is recommended as a form of exercise therapy and physical medicine, as an alternative to regular home exercise and physical therapy. Swimming can minimize the effects of gravity and is specifically recommended for extreme obesity. The treating physician did not provide documentation that a home exercise program with periodic assessment has not been effective, or indicate a plan for monitoring of the gym membership. There is limited documentation regarding the request, to include no specific diagnosis indicated. There is also no indication that the pool therapy is specifically intended as an alternative to routine methods, and there is limited documentation related to the request in general. Therefore, the request for pool and gym membership for 1 year is not medically necessary.

**Ibuprofen 10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** According to MTUS guidelines, topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics, and there is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. In particular, the efficacy of topical NSAIDs is not well established. The only FDA-approved NSAID medical for topical use is diclofenac, which is only indicated for joint osteoarthritis. Medical documentation is limited in describing the need and rationale for the topical medication. There are no documentation detailing first and second line therapies, and there is no evidence of neuropathic or osteoarthritic pain. It does not appear that all primary and secondary treatment options have been exhausted. The treating physician does

not provide any extenuating circumstances to justify adding this medication to the regimen. Therefore, the request for ibuprofen 10% cream is not medically necessary.