MAXIMUS Federal Services

Case Number:	CM15-0048708		
Date Assigned:	03/20/2015	Date of Injury:	02/01/1999
Decision Date:	05/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California, Florida
Certification(s)/Specialty: Family Practice

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 59-year-old male who reported injury on 02/01/1999. The mechanism of injury was not provided. The surgical history included a knee arthroscopy in 1998. There was a Request for Authorization submitted for review dated 02/10/2015. The documentation of 02/10/2015 revealed the injured worker had complaints of low back pain. The injured worker complained of weight gain and problems with uncontrolled diabetes. The injured worker indicated his back brace was old and indicated that aquatic therapy had not been approved. The physical examination revealed tenderness to palpation in the paravertebral muscles of the lumbar spine and the right sacroiliac joint. The injured worker had decreased range of motion and a positive Kemp's test, and the injured worker had low back pain with a straight leg raise. The diagnoses included cervical spine sprain and strain and lumbar spine sprain and strain. The treatment plan included a gym membership with a pool and a replacement for the old back brace. It was documented the injured worker's pain with medications was 6/10, and without medications it was a 9/10 to 10/10. The treatment plan included additionally Zanaflex and topical lidocaine patches, as well as Voltaren gel. Additionally, the treatment plan included MMC lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Low Back Chapter, 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) Low Back Chapter, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships and swimming pools would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the duration for the gym membership. Given the above, the request for Gym membership with a pool is not medically necessary.

Lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the injured worker had a brace that was worn out. However, there was a lack of documentation of exceptional factors to support the continued use of a back brace. There was a lack of documented instability. Given the above, the request for Lumbar spine brace is not medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The

clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of objective functional benefit that was received. Additionally, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zanaflex 2mg #120 is not medically necessary.

MMC topical lotion 120ml: 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 Analgesic Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted for review failed to provide documentation of the components for the MMC compound. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for MMC topical lotion 120ml is not medically necessary.

Lidocaine patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had pain. The injured worker was noted to have run out of the topical lidocaine patches. There was a lack of documented efficacy. The documentation indicated the medications decreased the injured worker's pain. However, the request as submitted failed to indicate the frequency, body part, and the quantity of lidocaine patches being requested. Given the above, the request for Lidocaine patches 5% is not medically necessary.