

<b>Case Number:</b>	CM15-0051201		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/10/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, Illinois

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 56 year old male, who sustained an industrial injury on February 10, 1997. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having chronic low back pain, radiculopathy, and muscle spasms. Treatment to date has included medications, urine drug screening, stretching exercises at home. On October 1, 2014, he reports he has been working out at a gym 3 days weekly, and is now incorporating leg work after approval from the orthopedic doctor. On January 6, 2015, he is seen for continued lumbar spine symptoms with radiation into the right leg. The treatment plan included the request for a home gym due to the request for a gym membership being denied. The request is for: home gym purchase of [REDACTED], all exercise [REDACTED] VR-Pro; Motrin and Amrix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Gym purchase:** [REDACTED], **All Exercise** [REDACTED] **VR-Pro:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

**Decision rationale:** The injured worker sustained a work related injury on February 10, 1997. The medical records provided indicate the diagnosis of chronic low back pain, radiculopathy, and muscle spasms. Treatments have included stretching exercises at home and medications. The medical records provided for review do not indicate a medical necessity for Home Gym purchase: [REDACTED], All Exercise [REDACTED] VR-Pro. The MTUS is silent on durable medical equipment; the Official Disability Guidelines does not recommend Gym equipment as Durable medical Equipment. The Official Disability Guidelines for Durable medical Equipment (taken from medicare) are as follows: the term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. It is obvious that this request does not meet the second and 3rd requirements. The requested treatment is not medically necessary.

**Motrin QD (Unspecified quantity and dosage):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The injured worker sustained a work related injury on February 10, 1997. The medical records provided indicate the diagnosis of chronic low back pain, radiculopathy, and muscle spasms. Treatments have included stretching exercises at home and medications. The medical records provided for review do not indicate a medical necessity for Motrin QD (Unspecified quantity and dosage). Motrin (Ibuprofen), is a nonsteroidal anti-inflammatory drug, which like other NSAIDs is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Without specification of quantity and dosage it is not possible to determine whether the dosing meets the guidelines requirement of the lowest dose for the shortest time for patients with moderate to severe exacerbation of chronic pain. The request is not medically necessary.

**Amrix PRN (Unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker sustained a work related injury on February 10, 1997. The medical records provided indicate the diagnosis of chronic low back pain, radiculopathy, and muscle spasms. Treatments have included stretching exercises at home and medications. The medical records provided for review do not indicate a medical necessity for Amrix PRN (Unspecified dosage and quantity). Amrix (cyclobenzaprine hydrochloride extended-release capsules) is a muscle relaxant recommended as an option for 2-3 weeks treatment of exacerbation of low back pain. It is not possible to determine whether the request meets the guideline requirement of "5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks". The requested treatment is not medically necessary.