

<b>Case Number:</b>	CM15-0054763		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female injured worker suffered an industrial injury on 07/13/2001. The diagnoses included chronic neck and low back pain. The diagnostics included electromyographic studies. The injured worker had been treated with cervical fusion, right carpal tunnel release, medications and TENS unit. On 3/3/2015 the treating provider reported upper extremity numbness, tingling, and pain with neck/low back pain. The treatment plan included Self-guided water therapy, Norco and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Self-guided water therapy (months), QTY: 6:** 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 ODG online Low Back Chapter Gym Memberships.

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for Self-guided water therapy (months), QTY 6. The treating physician states: Six month of self-guided water therapy. The patient has been doing this as an exercise regimen, and it helps maintain mobility and decrease overall pain. (39B) The MTUS guidelines do not address gym memberships. The ODG guidelines states that they 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 equipment. There is nothing in the medical reports reviewed to support this request. Recommendation is for denial due to lack of medical rationale and lack of guideline support. Therefore, the requested medical treatment is not medically necessary.

**Norco 10/325mg (dispensed on 03/03/15), QTY: 180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for Norco 10/325mg (dispensed on 3/3/15), QTY: 180. The treating physician states: Pain level before medication, she states, is an 8/10; after medication it is a 7/10. With medication, she is able to exercise on a consistent basis as well as do some light cooking, cleaning, and self- hygiene. No adverse side effects. No aberrant behaviors. (34B) The treating physician also documented that the patient's last urine drug screen was consistent. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on the medical records provided, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.

**Zanaflex 4mg (Dispensed on 03/03/15), QTY: 360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) Page(s): 93-66.

**Decision rationale:** The patient presents with pain affecting the neck and low back. The current request is for Zanaflex 4mg (dispensed on 3/3/15), QTY: 360. The treating physician states: Tizanidine 4mg 4 a day. Upper extremity numbness, tingling, and pain, as well as neck and low back. (42B) The MTUS guidelines support Zanaflex for low back pain, myofascial pain and for fibromyalgia. Based on the medical records provided, the treating physician documents that the patient has been dealing with myofascial pain and low back pain and has decreased pain and increased functional improvement in ADLs with medication usage. The current request is medically necessary and the recommendation is for authorization.