

Case Number:	CM15-0058148		
Date Assigned:	04/29/2015	Date of Injury:	01/23/2004
Decision Date:	06/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 injured worker is 63 year old female, who sustained an industrial injury on January 23, 2004. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spinal stenosis, long-term medication use and chronic pain. Treatment to date has included medications, radiological studies, epidural steroid injections, physical therapy, chiropractic care and massage treatments. Current documentation dated February 18, 2015 notes that the injured worker reported persistent back pain with radiation to the bilateral lower extremities. Associated symptoms included numbness and tingling. The injured worker noted having an epidural steroid injection four months prior for which she had fifty percent pain relief. The injection was note to be wearing off. Examination of the low back revealed tenderness, spasm with guarding and a positive straight leg raise test on the right. The treating physician's plan of care included a request for Doxepin 3.3 % cream, Ketamine 5% cream, a twelve month gym membership and five visits with a trainer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3% Cream #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the 05/12/15 report the requesting physician states that the patient presents for follow up examination with listed diagnoses of: Long term use meds and Stenosis spinal lumbar. The 03/31/15 report states the patient has a history of persistent severe back pain with numbness and tingling in the legs. The current request is for DOXEPIN 3.3% CREAM #2. The RFA included is dated 03/23/15. The patient is cleared to work modified duty, but it is unclear from the reports provided if the patient is currently working. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician states in the 03/17/15 report that the patient is reliant solely on topical analgesics to control pain. Doxepin cream is applied to the lower back, and the treater states that the patient reports pain relief and functional improvement with use of this cream and denies side effects. The treater cites a 02/03/00 article in the British Journal of Pharmacology to support the topical use of this tricyclic antidepressant. This article is not included for review. However, the MTUS and ODG guidelines do not recommend this medication for topical formulation. The MTUS state there is little to no research to support use of many topical creams. Therefore, the request IS NOT medically necessary.

Katamine 5% Cream #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the 05/12/15 report the requesting physician states that the patient presents for follow up examination with listed diagnoses of: Long term use meds and Stenosis spinal lumbar. The 03/31/15 report states the patient has a history of persistent severe back pain with numbness and tingling in the legs. The current request is for: KATAMINE 5% CREAM #2. The reports included for review show that this request is for "Ketamine." The RFA included is dated 03/23/15. The patient is cleared to work modified duty, but it is unclear from the reports provided if the patient is currently working. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 113 Ketamine: "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined." The treating physician states that the requested medication improves the patient's pain and function and states that first line treatment of oral medications have been trialed and were ineffective. Several other medications including NSAIDs, Tramadol and Norco were discontinued due to side effects. The treater further states that Ketamine is only indicated for neuropathic pain in

refractory cases that have failed first line treatments. However, the MTUS guidelines specifically state that topical Ketamine has only been studied for patients with CRPS and post-herpetic neuralgia and no clinical evidence is provided of these conditions for this patient. The request IS NOT medically necessary.

12 Month Gym Membership: 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, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships.

Decision rationale: Per the 05/12/15 report the requesting physician states that the patient presents for follow up examination with listed diagnoses of: Long term use meds and Stenosis spinal lumbar. The 03/31/15 report states the patient has a history of persistent severe back pain with numbness and tingling in the legs. The current request is for 12 MONTH GYM MEMBERSHIP. The RFA is not included. The patient is cleared to work modified duty, but it is unclear from the reports provided if the patient is currently working. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state 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." ODG further states treatment must be monitored by medical professionals. The 03/17/15 report states the patient is unable to "do much in terms of HEP." This report further states that she does not have access to gym equipment at home and the treater desires the patient to have access to such equipment as a stationary bike and an elliptical machine which offer low impact alternatives to raise the patient's heart rate. The treating physician states this request is being modified to a 13 week trial of a health club membership; however, the request must be considered as presented above. In this case, the treater does not explain why gym equipment provides the only alternative for the patient's needed exercise and does not explain how the patient is to be monitored by a medical professional as required by the ODG guidelines. The request IS NOT medically necessary.

5 Visits with Trainer: Upheld

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 Physical medicine Page(s): 98-99.

Decision rationale: Per the 05/12/15 report the requesting physician states that the patient presents for follow up examination with listed diagnoses of: Long term use meds and Stenosis spinal lumbar. The 03/31/15 report states the patient has a history of persistent severe back pain with numbness and tingling in the legs. The current request is for 5 VISITS WTH TRAINER. The RFA is not included. The patient is cleared to work modified duty, but it is unclear from the reports provided if the patient is currently working. The MTUS guidelines pages 98-99 regarding Physical Medicine state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions(s)." The guideline anticipates that training a patient for an independent exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a trainer would meet the definition of medical treatment. In this case, it is not apparent that a trainer would be qualified to provide such instruction nor is it apparent why a trainer would be appropriate rather than a physical therapist as the MTUS guidelines recommend. Furthermore, this request appears associated with the above request for a 12 month gym membership which has been recommended as not medically necessary. The current request IS NOT medically necessary.