

Case Number:	CM15-0059487		
Date Assigned:	04/17/2015	Date of Injury:	06/11/2007
Decision Date:	06/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York
 Certification(s)/Specialty: Internal 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 64-year-old male, who sustained an industrial injury on June 11, 2007. He reported a motor vehicle accident in which his vehicle went down a 50-foot embankment. The injured worker was diagnosed as having primary dental caries, partial thickness rotator cuff tear, injury of head, injury involving multiple body regions, increased frequency of urination, neurogenic bowel, closed fracture of clavicle, degeneration of cervical intervertebral disc, phantom limb syndrome, severe recurrent major depression without psychotic features, closed fracture of upper end of tibia, insomnia and neurogenic bladder. Treatment to date has included medication, psychological evaluation, physical therapy, occupational therapy, injection, orthotics, TENS unit, therapy exercises, surgery and diagnostic studies. On February 20, 2015, the injured worker complained of generalized body aches and pains. His pain was described as aching, exhausting and tiring at times. At best, he rated his pain as a 2 on a 1-10 pain scale. At worst, he rated his pain as an 8/10 on the pain scale. He reported that he has not been able to get some pain medication. He noted that when he takes his pain medication he is more functional and able to walk and perform activities around the home. The treatment plan included medication, exercises and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: 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: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation shows that the injured worker complains of generalized body aches and pains and is status post left knee amputation with phantom limb pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Ibuprofen 800mg is not medically necessary.

Amantadine Hxl 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation ODG: Pain, Amantadine (Symmetrel) and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: ODG recommends Amantadine as an option for patients in vegetative or minimally conscious states after a traumatic brain injury (TBI). Amantadine is used to treat Parkinson's disease and to prevent and treat respiratory infections caused by influenza a virus. Documentation provided fails to show evidence that the injured worker has a diagnosis that would support the use of Amantadine. The request for Amantadine Hxl 100mg is not medically necessary per established guidelines.

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the

use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation shows that the injured worker complains of generalized body aches and pains and is status post left knee amputation with phantom limb pain. Documentation fails to demonstrate adequate improvement in level of function to support the medical necessity for continued use of opioids. The request for Percocet 10/325mg is not medically necessary by MTUS.

Gym Membership x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. ODG does not recommend Gym membership 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. Per guidelines, the treatment should be monitored and administered by medical professionals. Documentation shows that the injured worker complains of generalized body aches and pains and is status post left knee amputation with phantom limb pain. At the time of the requested service under review, documentation fails to show evidence for the need of equipment that cannot be provided as part of a Home exercise program. Furthermore, participation in an unsupervised exercise program at a gym poses the risk of causing injury to this injured worker, with no opportunity for progress reports to be submitted to the treatment provider. The request for Gym Membership x 6 months is not medically necessary.

Cialis 2.5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

Decision rationale: Tadalafil (Cialis) is used to treat erectile dysfunction and the symptoms of benign prostatic hyperplasia (BPH; an enlarged prostate) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. Physician reports indicate that the injured worker has diagnosis of Impotence, which is subjectively improved with the use of Cialis. The recommendation for continued use of Cialis is clinically appropriate. The request for Cialis 2.5mg is medically necessary per guidelines.

Zolpidem ER 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. Documentation indicates that the injured worker complains of persistent sleep disturbance treated chronically with Zolpidem ER. Although the injured worker reports some improvement in symptoms, physician reports fail to show adequate functional improvement to support the medical necessity for ongoing use of this medication. The request for Zolpidem ER 12.5mg is not medically necessary per guidelines.