

<b>Case Number:</b>	CM13-0054561		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42 year old male who was injured on 01/20/2011 when a 6 foot, 270 pound parolee slammed him into while slamming into a 6' 270 lbs parolee, into a parked vehicle, injuring his lower back area. Since the injury, he has experienced exacerbation of IBS, PTSD, GERD (aggravated by severe anxiety, use of NSAIDs and obesity) and Hypertension. Prior medications include: 01/20/2011: Ibuprofen 600 mg, Cyclobenzaprine 10mg, Hydrocodone-Aceta 5-500 mg; 01/28/2011: Flexeril 10mg, Meloxicam 7.5 mg, 02/13/2011: Flexeril 10mg, Meloxicam 7.5 mg; 03/07/2011: Flexeril 10mg, Meloxicam 7.5 mg; 07/04/2011: Clonazepam and Citalopram which he states are helpful; 07/28/2011: Omeprazole 40mg as per gastro; 09/08/2011: Celexa and Clonazepam; 02/06/2012: Omeprazole, Bentyl, Atenolol 25 mg, CPAP; 05/01/2012: Omeprazole, Bentyl, Atenolol 25 mg, CPAP; 07/31/2012: Omeprazole, Bentyl, Atenolol 25 mg, CPAP; 10/21/2012: Tramadol 50 mg, Atenolol 25 mg, Omeprazole 20mg, Gaviscon 15 ml, Dicyclomine 10mg, fiber, Sertraline 50 mg, Temazepam 15mg, CPAP machine for sleep each night; 02/21/13 UR documents the following as certified: Tramadol 50mg. Additional treatments have included lumbar ESI, physical therapy, multiple urology consults. A clinic note dated 09/18/2013 documented the patient reported that his acid reflux symptoms were stable. However he continued to have occasional acid indigestion and used the Acicon tablets as needed. The patient continued to use the CPAP device at night in order to sleep through the night. His abdomen was soft. No rebound tenderness. No masses, hepatomegaly, or splenomegaly. His back showed no costovertebral angle tenderness palpated. Extremities showed no clubbing, cyanosis or edema. No calf tenderness. Homan's sign was negative. Cranial nerves II through XII were grossly intact. Deep tendon reflexes were 2+ and brisk in the bilateral lower extremities. There were no focal neurologic deficits appreciated. Motor exam is 5/5 in all extremities. He remained symptomatic in all area including neck, shoulders, back and

irritable bowel syndrome. He was 100% disabled without apportionment. He remained under my care. The patient was diagnosed with status post work-related injury, hypertension, triggered by work-related injury with left ventricular diastolic dysfunction and interventricular septal hypertrophy, controlled; GERD, deferred to GI, irritable bowel syndrome, deferred to GI; status post H. pylori eradication, hyperlipidemia, non-industrial, history of posttraumatic stress disorder, non-industrial, and obstructive sleep apnea per the patients history, deferred to appropriate specialist. The current review is for gym membership (unspecified duration), decision for Home care assistance (unspecified frequency and duration), decision for further orthopedic care, decision for atenolol 125 mg (unspecified quantity), decision for dicyclomine 10 mg (unspecified quantity), decision for Temazepam 15 mg, decision for CPAP machine and decision for treatment plan (illegible) was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gym membership (unspecified duration): 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)

**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.

**Decision rationale:** CA MTUS guidelines do not have appropriateness regarding the issue in dispute and hence ODG have been consulted. As per ODG, gym membership is not considered a medical treatment and 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." In addition, guidelines indicate that treatment needs to be monitored and administered by medical professionals. In this case, the gym membership is not evidenced to be under supervised medical intervention. Finally, there is no specific frequency or duration requested and therefore, the request is non-certified.

#### **Home care assistance (unspecified frequency and duration): 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** Per CA MTUS and ODG, home health services are recommended medical treatment for patients who are homebound and do not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom." The records submitted and reviewed do not document a clinical reason for the requested assistance and do not document that the patient is homebound and has significant

functional impairment and unable to perform the ADLs unassisted. Thus, medical records do not support the request; and therefore, the request is non-certified.

**Further orthopedic care:** 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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter Independent Medical Examinations and Consultations) pg 503

**Decision rationale:** Per CA MTUS guidelines, consultations are recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." The provider has requested further orthopedic care but there is no rationale provided for further care. There is no mention of any surgery recommended or any conservative care requested. Thus, the medical necessity has not been established and the request is non-certified.

**Atenolol 125mg (unspecified quantity):** Overturned

**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 The American Heart Association Guidelines 2005

**Decision rationale:** CA MTUS and ODG do not discuss the criteria for atenolol, and hence other medical treatment guidelines have been consulted. Atenolol is used for management of hypertension. The provider has prescribed atenolol to treat documented hypertension. Therefore, atenolol is certified.

**Dicyclomine 10mg (unspecified quantity):** 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 McEvoy, G.K., ed. AHFS Drug Information Dicyclomine Hydrochloride. Bethesda, MD: American Society of Health-System Pharmacists; 2004:1212-13.

**Decision rationale:** CA MTUS and ODG do not discuss the issue in dispute and hence other medical treatment guidelines have been consulted. Dicyclomine is anticholinergics and antispasmodic used to treat the symptoms of IBS. This patient is suffering from GERD

symptoms and this drug is contraindicated for reflux esophagitis. Thus, the request is non-certified.

**Temazepam 15mg:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** As per CA MTUS, benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been using this medication chronically and hence the request is non-certified.

**Treatment plan (illegible):** 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 Page(s): 1-127.

**Decision rationale:** It is unclear what type of treatment plan is requested. More information needs to be submitted to review the request. The request for treatment plan is non-certified.

**A CPAP machine:** 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 American Journal of Respiratory and Critical Care Medicine, 186, 677-683.

**Decision rationale:** CA MTUS and ODG do not discuss the issue in dispute and hence other medical treatment guidelines have been consulted. The provider has requested use of CPAP machine at night for his obstructive sleep apnea which was indicated by a sleep specialist. However, there was no sleep specialist records provided nor there is documentation of any sleep study performed. Medical necessity has not been established.