

Case Number:	CM14-0115808		
Date Assigned:	09/18/2014	Date of Injury:	09/03/2002
Decision Date:	10/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert 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 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/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:

This patient is a 49 year old male who developed low back pain subsequent to an injury dated 9/3/02. Subsequently, he has had several low back surgeries including laminectomies and eventual fusion surgery. He has a failed surgical back with a post laminectomy syndrome with neuropathic pain into both lower extremities. He has developed a chronic pain syndrome with associated difficulty sleeping and depression. His opioid medications have been changed to Buprenorphine. The medications are reported to provide enough pain relief to allow for self-sufficient ADLs (activities of daily living). No neurologic deficits are noted. It has been documented that he walks for exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for one year: 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 (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back, Gym Membership.

Decision rationale: MTUS Guidelines do not address the issue of Gym memberships. ODG Guidelines do directly address this and do not recommend a membership without the need for specific equipment that is only found in a gym setting. There is no documentation that supports a need for gym specific equipment. The Gym membership for one year is not medically necessary.

Baclofen 10mg #90 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines recommend the use of Baclofen for Neuropathic pain. This patient's pain is primarily neuropathic in nature. Therefore, the request is medically necessary.

Gabapentin 600mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 18, 19.

Decision rationale: MTUS Guidelines supports the use of Gabapentin for neuropathic pain. This patient's medication is reported to improve pain and function. The Gabapentin 600mg #60 with 3 refills is medically necessary.

Dulcolax 5mg #30 with 6 refills: 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: MTUS Guidelines supports the use of medications for opioid induced constipation, however the treating physician clearly documents that this medication is to be utilized as a secondary medication if there is no bowel movement for 3 days. It appears to be prescribed for use on a near daily basis with no documentation of how it is being utilized. There is no review to evaluate for laxative induced iatrogenic constipation. Under these circumstances, the request is not medically necessary.

Colace 100mg #60 with 6 refills: Overturned

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 Opioids Page(s): 77.

Decision rationale: MTUS Guidelines supports the appropriate use of laxatives for opioid induced constipation. This patient meets Guidelines criteria of appropriate laxative use. The Colace 100mg # 60 with 6 refills is medically necessary.