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| Case Number: | CM14-0131316 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 10/05/1994 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 67-year-old male who reported an injury on 10/05/1994. Mechanism of injury was not submitted for review. The injured worker has diagnosis of cervicalgia, rotator cuff sprain/strain, other postsurgical status, lumbago, sciatica, chronic pain syndrome, and testicular hypo function. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include amitriptyline, amlodipine, Androgel, aspirin, atorvastatin, budesonide, carvedilol, clopidogrel, Naprosyn, omeprazole, flunisolide, furosemide, Glipizide, hydrochlorothiazide, isosorbide, Metformin, Norco, Plavix, prednisone, sodium chloride, Spiriva, tamsulosin, tiotropium, and Zanaflex. There were no drug screens or urinalysis submitted for review. On 08/26/2014, the injured worker complained of left knee pain. Physical examination revealed that the left knee continued to have trace effusion without warm, range of motion was +10 -110 degrees. There was improved sensation of the left lateral calf and dorsal lateral foot. Medical treatment plan is for the injured worker to continue with a gym membership and medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership 6 months: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend exercise as part of a dynamic rehabilitation program, but note that gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Exercise treatment needs to be monitored and administered by medical professionals. The submitted documentation failed to show that a home exercise program was effective or ineffective to the injured worker. There was also no indication for specific equipment that would support the medical necessity for a gym membership. Additionally, there was lack of evidence of functional improvement with previous gym participation. Given the above, the injured worker is not within the ODG criteria. As such, the request for gym membership 6 months is not medically necessary and appropriate.

Zanaflex 4 MG #60 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Zanaflex) Tizanidine Page(s): 66.

Decision rationale: The California MTUS Guidelines recommend Zanaflex as a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic pain. The request as submitted is for Zanaflex 4 mg with a quantity of 60 with 1 additional refill, exceeding the guidelines for short term treatment. Additionally, the submitted documentation indicated that the injured worker had been on Zanaflex since at least 07/2014. Furthermore, the efficacy of the medication was not submitted for review to warrant continuation of the medication. As such, the request for Zanaflex 4mg #60 1 refill is not medically necessary and appropriate.