

Case Number:	CM14-0140867		
Date Assigned:	09/10/2014	Date of Injury:	08/20/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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:

The injured worker is a 52 year old male with a reported date of injury on August 20, 2012. The mechanism of injury is described as carrying plywood, and changing the position in which he carried the plywood to alleviate pressure from his back. The injured worker carried the plywood overhead, and subsequently reported the injury. The injured worker attended twelve physical therapy visits. On 6/19/2014 a note was made of pain in the neck, wrist and low back. There was diminished grip strength on the affected side along with positive straight leg raising tests. An MRI had been done in March 2014 showing a 6 mm disk herniation at C4-C5 with impingement of the cord and the physician was requesting urgent cervical surgery. At C5-C6, there was a 4 mm disc protrusion. The 4/17/2014 report by the primary treating physician was also reviewed. On 3/28/2014, the patient was seen by a cervical spine surgeon and noted to have myeloradiculopathy with MRI evidence of compression of the thecal sac and cord, with recommendation to perform cervical discectomy and fusion. The patient was diagnosed with L5-S1 herniated nucleus pulposus with first degree spondylolisthesis and spondylosis of L5 bilaterally, degenerative disc disease of L3-4, L4-5, and L5-S1, right testicular pain, left carpal tunnel syndrome, left shoulder impingement, status post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy on May 10, 2013, status post left carpal tunnel release on May 10, 2013 and status post lumbar decompression of L4-S1 with fusion of L5-S1. This request is for topical compound, Ambien and a one year gym membership. Ambien was approved with modification on a prior utilization review determination dated August 25, 2014. In the report dated August 13, 2014, significant agitation and anxiety were noted. The patient reported stress. The patient had a sleep study performed on 3/23/2014 that revealed severe sleep disordered breathing. The AHI index over two nights was an average of 17. On 3/11/2014, a nerve conduction study revealed mild carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Topical Creams: Gabapentin, Ketoprofen and Tramadol:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATION, TOPICAL NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): PAIN (CHRONIC), TOPICAL ANALGESICS

Decision rationale: Gabapentin is not recommended as a topical agent according to the cited guidelines and the ODG. The presence of any component that is not recommended renders the entire combination not recommended. Tramadol topical has not been studied and systemic tramadol works in the CNS by serotonin and norepinephrine uptake inhibition along with action on opioid receptors. It is unlikely therefore to have sufficient efficacy as a topical agent. Therefore, the request is not recommended.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ZOLPIDEM

Decision rationale: There is no documentation of what sort of sleep complaints the patient has. In the primary treating provider's notes going back to April 2014 and the cervical spine surgeon's notes from March 2014, there is no mention of sleep disorders. The patient has a disordered sleep related breathing disorder but that does not typically require sedatives for treatment. Long term sedative use is discouraged in general because of problems related to dependence and possible worsening of pain. Comorbid anxiety and depression may produce a sleep disturbance which is best addressed with psychological treatment and appropriate psychopharmacology for the underlying disorder, not a sedative alone. Finally, the patient does have sleep disordered breathing and appropriate treatment will require possibly using a continuous positive pressure device. Therefore, the request for Ambien is not medically necessary and appropriate.

1 Year Gym Membership with Pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICAL THERAPY(PT) &

EXERCISE OFFICIAL DISABILITY GUIDELINES, LOW BACK-LUMBAR T& 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 (ODG) LOW
BACK, GYM MEMBERSHIPS

Decision rationale: Gym memberships are generally not considered medical treatment and can only be considered when a specific home exercise plan with periodic re-evaluation is performed at a gym location and cannot be performed at home by the patient independently. Exceptional circumstances would be required for this to occur. Since no exceptional circumstances are noted and the provider has not provided information on periodic re-evaluation by a trained physical therapist as part of a comprehensive treatment program / rehabilitation program, the request falls outside the guidelines. The request is therefore not recommended.