

Case Number:	CM14-0180425		
Date Assigned:	11/05/2014	Date of Injury:	02/02/2006
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 34-year-old woman who sustained a work related injury on February 2, 2006. Subsequently, she developed chronic low back pain. An MRI of the lumbar spine done on February 1, 2010 showed at L4-5 and L5-S1, status post posterior decompression with anterior and posterior fusion surgery. No central spinal canal stenosis but the right neural foramen is obscured by metallic artifact. At L3-4, asymmetric left bulge left minimal disc bulging creating minimal canal compromise. The patient's prior treatments have included: medications, physical therapy, cognitive behavioral therapy for depression and anxiety, and home exercise program. According to a progress report dated July 17, 2014, the patient had developed tolerance to Robaxin and failed a trial of Baclofen. She had benefited from Soma with regard to her spasm previously. The patient had experienced dry mouth with Flexeril. The patient had previously failed trials of Prozac and Zoloft. She has an allergy to Wellbutrin and was unable to tolerate Neurontin, Norco, Cymbalta, and Lyrica due to side effects. The patient noted approximately 60% reduction in her pain and spasm with the use of her medications. The patient rated her pain as a 6-7/10 without medications and a 3/10 with medications. ██████ recommended a gym membership for a year for the patient so that she may engage in aquatic exercises since she had not benefited very well from a land-based exercise program. A review note dated October 21, 2014, documented that according to a progress report dated October 9, 2014, the patient continued complaining of low back pain with radicular symptoms to lower extremities, right greater than left. The patient noted frequent spasms associated with her chronic pain. Examination of the lumbar spine revealed significant tenderness and spasm in bilateral lumbar paraspinal regions with extension of tenderness into bilateral buttocks and into sacrum. Seated straight leg raise was positive bilaterally. DTR/'s absent at knee and 1+ bilateral ankles. 4+/S motor testing with right foot dorsiflexion and right long to extension. Motor testing was limited

at bilateral hips due to pain and guarding. Sensation to light touch was reduced throughout the right lower extremity and some reduced sensation to light touch along the anterolateral aspect of the left lower leg. Paresthesias noted at the anterolateral aspect of the right thigh. The patient was diagnosed with lumbar DDD, status post decompression and fusion at L4-5 and L5-S1, chronic low back pain, bilateral lumbosacral radiculitis, pain related insomnia, and pain related depression/anxiety. The provider requested authorization for Skelaxin and Gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg # 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Skelaxin a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case, has chronic spasms for several months that did not respond to muscle relaxant medications. There is no clear justification for prolonged use of Skelaxin. The request of Skelaxin 800mg, #270 is not medically necessary.

Gym Membership (Months) #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar and Thoracic (Acute & Chronic) (updated 08/22/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments: Exercise Page(s): 46.

Decision rationale: According to MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, Gym memberships, '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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health

professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request does not address who will be monitoring the patient attendance and functional improvement. In addition, there is no clear documentation of the instauration of supervised home exercise program in parallel to the request of a Gym program. There is no rational for the need for pool therapy. Therefore, the request for 1 year gym membership is not medically necessary.