

Case Number:	CM14-0092584		
Date Assigned:	09/12/2014	Date of Injury:	07/31/1996
Decision Date:	10/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 and 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 49-year-old male who reported an injury on 07/31/1996. The mechanism of injury was not provided. On 05/07/2014, the injured worker presented with low back pain. Upon examination, there was tenderness noted at L4-5 on deep palpation. There was intact sensation to light touch and pinprick in all dermatomes in the bilateral lower extremities. An EMG/NCV revealed remote S1 radiculopathy. The diagnoses were lumbar sprain, lumbar disc disease, status post lumbar spine surgery, and chronic low back pain. The medications included Norco, Flexeril, Lidoderm patch, and Lyrica. The provider recommended Flexeril and a gym membership; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64. Decision based on Non-MTUS Citation Chou, 2004; Browning, 2001; Kinkade, 2007

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41..

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #30, in addition to the prior use of the medication, exceeds the guidelines recommendation of short term therapy. The provided medical records lack documentation of significant objective functional improvement with the use of the medication. The provider's rationale for the request was not provided. As such, medical necessity has not been established.

Gym membership per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg chapter, on-line version: Gym memberships

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 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 a medical professional. There is no documentation of failed home exercise or the injured worker's need for specific exercise equipment that would support the medical necessity for gym membership. The documentation lacked evidence of functional improvement with previous gym participation. Therefore, the request is not medically necessary.