MAXIMUS Federal Services

Case Number:	CM14-0104018		
Date Assigned:	07/30/2014	Date of Injury:	10/15/2003
Decision Date:	06/19/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old individual, who sustained an industrial injury on 10/15/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included medications, home exercise, and gym membership. On 6/13/2014, the injured worker complains of lumbar spine pain, with numbness and tingling to the lower extremities. He also had radiating pain to both lower extremities. Pain was not rated. The injured worker reported performing a home exercise program in the gym 4-5 times per week and stated that the exercises helped control symptoms. Physical exam of the lumbar spine noted decreased range of motion, tenderness to palpation with spasm over the paravertebrals bilaterally, and decreased sensation to both feet. Straight leg raise test was positive bilaterally. Medications included Naproxen, Hydrocodone, Colace, and Omeprazole. The use of Zaleplon and Docusate was noted for at least 6 months. The treatment plan included continued medications and continuance with gym membership for one year. Current sleep pattern was not documented and work status was noted as permanent and stationary. The injured worker was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain-Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic sedative hypnotics are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG). Additionally, Zaleplon (Sonata), is a scheduled IV controlled substance and a non-benzodiazepine hypnotic not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic injury without diagnosis, clinical findings or demonstrated failed first-line approach of sleep hygiene to support its use. The Zaleplon 10mg, #60 is not medically necessary and appropriate.

Docusate Sodium 100mg, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M. Scanlon C. Management of constipation. Iowa City: University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core: 2009 October, 51 p. (44 references).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Initiating Therapy and Long-term users of Opioids, pages 77 & 88.

Decision rationale: Docusate Sodium/ Sennoside is a medication that is often provided for constipation, a common side effect with opioid medications. The patient continues to treat for chronic symptoms for this chronic injury; however, although the patient may note symptoms of constipation, there was no clinical findings related to GI side effects. Although chronic opioid use is not supported, Docusate Sodium (Colace) a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported; however, submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication with opiates not indicated for this chronic P&S injury of 2003. The Docusate Sodium 100mg, # 60 is not medically necessary and appropriate.

1 year gym membership: 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 & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47.

Decision rationale: It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The 1 year gym membership is not medically necessary and appropriate.