

Case Number:	CM14-0210657		
Date Assigned:	12/23/2014	Date of Injury:	10/24/2011
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old female with date of injury 10/24/11. The treating physician report dated 10/13/14 indicates that the patient presents with pain affecting her neck, and mid back. She rates the neck pain an 8-9/10 with pain radiating into the bilateral shoulders with numbness in the last fingers on each hand extending up into the wrist. Patient rates the pain in her mid back at a 5-6/10 with pain radiating down into the low back with no pain/numbness/weakness into the bilateral lower extremities. Physical examination findings reveal ROM of the cervical, thoracic, and lumbar spine is decreased in all planes. Diffusely tender to palpation over the cervical, thoracic, and lumbar paraspinals. Upper and lower extremity sensation is intact and equal bilaterally. The current diagnoses are:1.Facet OA cervical spine2.Cervical Stenosis at C3-4 and C4-53.L5-S1 stenosis4.Insulin Dependent DM5.Multilevel cervical DDD and facet arthropathy6.C4-C5 left neural foraminal narrowing and mild canal stenosisThe utilization review report dated 12/4/14 denied the request for Orphenadrine, Gym Membership, and Massage based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg Qty:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck and back pain. The current request is for Orphenadrine ER 100mg Qty:60.00. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. In this case, the patient has been prescribed Norflex since at least August 7, 2014 based on the reports submitted. This timeframe of usage is approximately 3 months, which is 4-6 weeks above the timeframe allowed by the guidelines of 2-3 weeks. Recommendation is for denial.

Gym membership (months) Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Comp 2012 on web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com) (updated 02/14/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter: Gym memberships.

Decision rationale: The patient presents with neck and back pain. The current request is for Gym membership (months) Qty: 12.00. The treating physician states, "the patient has gained about 15 pounds due to decreased mobility due to pain. I request gym membership to assist in weight loss which will secondarily help with decreasing her overall pain and symptoms." The MTUS guidelines do not address gym memberships. The ODG guidelines low back chapter states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." In this case, there is no indication that home exercise has failed. The current request is not supported by the guidelines. Recommendation is for denial.

Massage therapy cervical, lumbar, bilateral shoulders Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The patient presents with neck and back pain. The current request is for Massage therapy cervical, lumbar bilateral shoulders Qty: 8.00. The treating physician indicates

the request is to, "decrease pain and inflammation, spasm, an improve ROM and overall function." The MTUS guidelines state that massage therapy is recommended as an option as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the request goes above the maximum allowed by the guidelines. Recommendation is for denial.