

<b>Case Number:</b>	CM14-0213992		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/01/2005
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old female patient who sustained a work related injury on 1/1/2005. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbar sprain with radiculopathy, foot and ankle sprain, pes planus, degenerative joint disease, and posterior tibial tendon rupture. Per the doctor's note dated 10/23/14, physical examination revealed moderate swelling of the left ankle, tenderness on palpation, crepitus on ROM, and limited range of motion The current medication lists include Norco and Zanaflex. The patient has had MRI of the left ankle of December 14, 2013, that revealed for extensive arthritic changes; MRI imaging of the left knee of December 14, 2013, that revealed moderate-to-high-grade tricompartmental arthritis; MRI imaging of the right knee of December 14, 2013, that revealed moderate-to-severe tricompartmental arthritis; Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of PT and aquatic therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Month gym membership with pool access: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 01/30/15)

**Decision rationale:** ACOEM/MTUS guideline does not address for this request. Hence ODG is used. Per the ODG guidelines gym membership is "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." Any contraindication for a home exercise program was not specified in the records provided. A medical need for exercise equipment was not specified in the records provided. Patient has received an unspecified number of physical therapy (PT) and aquatic therapy visits for this injury. Detailed response to conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for pool access with 6 month gym membership was not specified in the records provided. Any evidence of the contradiction to land base therapy was not specified in the records provided. Any evidence of extreme obesity was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent home exercise program is not specified in the records provided. The medical necessity of the request for 6 month gym membership with pool access is not fully established in this patient.

**Topical Lidoderm patch 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (Lidocaine Patch) Page(s): 111-112, 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records

provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Topical Lidoderm patch 5% #60 is not fully established.

**Zanaflex 2mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The current diagnoses include lumbar sprain with radiculopathy, foot and ankle sprain, pes planus, degenerative joint disease, and posterior tibial tendon rupture. Per the doctor's note dated 10/23/14, physical examination revealed moderate swelling of the left ankle, tenderness on palpation, crepitus on range of motion (ROM), and limited range of motion. The current medication lists include Norco and Zanaflex. The patient has had MRI of the left ankle of December 14, 2013, that revealed for extensive arthritic changes; MRI imaging of the left knee of December 14, 2013, that revealed moderate-to-high grade tricompartmental arthritis; MRI imaging of the right knee of December 14, 2013, that revealed moderate-to-severe tricompartmental arthritis; the use of Zanaflex 2mg #120 is medically appropriate and necessary in this patient at this time.

**Norco 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with Acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of the overall situation with regard to non-opioid means of pain control.

Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10mg #30 is not established for this patient.