

Case Number:	CM14-0216878		
Date Assigned:	01/06/2015	Date of Injury:	11/03/2006
Decision Date:	03/04/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This is a 48 year old male who suffered an industrial related injury on 11/3/06. A physician's report dated 7/14/14 noted the injured worker had complaints of right low back pain and right hip pain. The injured worker had right hip surgery in 2007. Diagnoses included right lumbar facet joint pain at L2-3 and L4-5, lumbar facet joint arthropathy, chronic low back pain, right hip pain, and right greater trochanteric bursitis. The injured worker was prescribed Ultram. A physician's report dated 12/15/14 noted the injured worker received radiofrequency ablation to the facet at L2-3 and L4-5 on the right side which provided pain relief. The injured worker had also received a cortisone injection to the hip and a labral repair arthroscopy with no improvement. Physical examination findings included persistent tenderness along the groin and tenderness along the lumbosacral area with facet loading being mildly positive. Diagnoses included discogenic lumbar condition with facet inflammation status post L2-3, L3-4, and L4-5 radiofrequency ablation in December 2013 and L2-3 and L4-5 facet ablation on the right in November 2014. Other diagnoses included right greater trochanteric bursitis and right hip avascular necrosis, status post core decompression and arthroscopic labral repair. Protonix, Flexeril, and a gym membership with pool access for a weight reduction program were recommended. On 12/24/14 the utilization review (UR) physician denied the requests for Flexeril 7.5mg #60 and gym membership to include a pool for 6 months. The UR physician modified the request for retrospective Protonix 20mg #60 and Protonix 20mg #60. Regarding Protonix, the UR physician noted the requests were modified to comply with the Medical Treatment Utilization Schedule guidelines once daily dosage recommendations. Regarding

Flexeril, there was no documented functional improvement from any previous use in the injured worker. Therefore the request was denied. Regarding the gym membership, the UR physician noted a gym membership is not recommended as a medical prescription unless a home exercise program had not been effective and there is a need for equipment. There was also no documentation of failed land-based therapy and no documentation of the injured worker's inability to tolerate a gravity resisted therapy program. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Protonix 20mg #60 (Date of Service: 12/15/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient presents with right low back pain and right hip pain. The retrospective request is for PROTONIX 20 MG #60 (DOS 12/15/14) for upset stomach. The utilization review denial letter did not provide a rationale. The patient has been taking this medication as early as 05/01/14. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has been taking Protonix as early as 05/01/14. The 12/15/14 report indicates that the patient requires Protonix for his upset stomach. He is currently taking Nalfon, Flexeril, and Norco. In this case, the patient benefits from Protonix. Therefore, the requested Protonix IS medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient presents with right low back pain and right hip pain. The request is for PROTONIX 20 MG for upset stomach. The patient has been taking this medication as early as 05/01/14. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA,

corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The patient has been taking Protonix as early as 05/01/14. The 12/15/14 report indicates that the patient requires Protonix for his upset stomach. He is currently taking Nalfon, Flexeril, and Norco. In this case, the patient benefits from Protonix. Therefore, the requested Protonix IS medically necessary.

Flexeril 7.5 #60: 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): 63-66.

Decision rationale: The patient presents with right low back pain and right hip pain. The request is for FLEXERIL 7.5 MG #60 for muscle spasms. He has tenderness upon palpation of the right lumbar paraspinal muscles and right greater trochanteric bursa. Lumbar spine and right hip ranges of motion are restricted by pain in all directions. The patient has tenderness along the lumbar paraspinal muscles bilaterally, along the groin, and along the lumbosacral area with facet loading being mildly positive. The patient has been taking this medication as early as 05/01/14."MTUS page 63-66 states: "muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy."MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Flexeril since 05/01/14, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Gym membership to include a pool (6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, page 114; Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Knee & Leg Chapter, Gym memberships

Decision rationale: The patient presents with right low back pain and right hip pain. The request is for GYM MEMBERSHIP TO INCLUDE POOL "for weight reduction program to

minimize the stress on his hip for six months. This should include a pool, so he can do non-gravity exercises." He has tenderness upon palpation of the right lumbar paraspinal muscles and right greater trochanteric bursa. Lumbar spine and right hip ranges of motion are restricted by pain in all directions. The patient has tenderness along the lumbar paraspinal muscles bilaterally, along the groin, and along the lumbosacral area with facet loading being mildly positive. MTUS Guidelines do not address gym memberships. ODG, Knee & Leg Chapter, Gym memberships, 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." MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." In this case, the patient has right hip pain and the treater would like the patient to have "non-gravity exercises" to minimize stress on his hip. While a gym membership with a pool may be necessary, the treater does not explain why "non-gravity exercises" are medically necessary on a long-term basis. This kind of exercise may be necessary post-op, but no medical rationale is provided why this is needed permanently. Furthermore, there is no time-frame to the requested gym membership. The request IS NOT medically necessary.