

Case Number:	CM14-0218111		
Date Assigned:	01/07/2015	Date of Injury:	03/23/2007
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey, New York
 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 64 year old male worker who was injured when he fell 3 feet down an electrical ramp and a box of furniture fell on top of him. He landed on the right side of his body and experienced immediate pain in his back, bilateral hips, left knee and left ankle. The date of injury was March 23, 2007. More current diagnoses listed in the medical record include status post bilateral inguinal repair, gastritis and hypertension. He stated that the surgery was successful in his reduction of pain in his groin area rating his current pain a 6 on a pain scale of 1-10. On September 10, 2014, the injured worker also complained of pain in his bilateral knees as well as his lower back. The pain was rated an 8 on the pain scale. Treatment modalities included physical therapy, aqua therapy, acupuncture, back brace, cortisone injection in the right shoulder and medications. A request was made for Colace 50mg #60, Cymbalta 60mg #60 (with three refills) and [REDACTED] or gym membership for one year with aquatic therapy access. On December 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid-induced constipation treatment

Decision rationale: The request is considered not medically necessary. The patient had been on Tramadol before and was placed on Colace to treat opioid-induced constipation. However, in 9/2014, the Tramadol was discontinued due to nausea. There was documentation of abdominal pain and GERD symptoms but no documentation of continued constipation. The patient continued on a PPI for GERD/gastritis symptoms. Colace, which is a stool softener, is not indicated for these diagnoses. Because there was no documentation of current opioid use or continued constipation, the request is considered not medically necessary.

Cymbalta 60 mg #60 (with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43-44.

Decision rationale: The request is considered not medically necessary. Cymbalta is used for neuropathic pain. The patient has numbness and tingling in extremities and pain radiating from his lower back. He has been on Cymbalta but there is no clear documentation of improvement in functional capacity. The patient continues with pain despite its use. He was also documented to have elevated LFTs and as Cymbalta has a potential side effect of hepatotoxicity, caution and monitoring are key for the use of Cymbalta. The dosage of 60mg bid is used for fibromyalgia which was mentioned once in the chart but does not have clearly documented as an official diagnosis. Therefore, the request is considered not medically necessary.

█ or gym membership for one year with aquatic therapy access: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the Medicare Manual

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation gym membership, low back

Decision rationale: The request is not medically necessary. MTUS guidelines do not address gym memberships, therefore ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of 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.' There is no documentation suggesting a need for

equipment or that he is unable to perform a home exercise program. Therefore, the request is considered not medically necessary.