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| Case Number: | CM15-0004541 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 04/06/2007 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Arizona, 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:

The patient is a 44 year old male who sustained a work related injury to his neck, head and lower back while employed as a parole agent when a garage door collapsed on him on April 6, 2007. There was no loss of consciousness. He returned to light duty and on April 18, 2007 when he was involved in a motor vehicle accident while on duty injuring his left knee, cervical and lumbar spine. In April 2008 the injured worker underwent arthroscopy with partial left meniscectomy and chondroplasty of the patella. On October 3, 2012 the injured worker underwent microdiscectomy and decompression of the lumbar spine. The injured worker was diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, and degenerative joint disease of the left knee. The patient continues to experience neck tightness with burning pain to the left and right arm and aching of the low back pain with radiation to both legs and feet. Current medications consist of Norco, Flexeril, Vimovo, Gabapentin, and Voltaren gel. Treatment modalities have consisted of chiropractic therapy, physical therapy, epidural steroid injection (ESI) to the lumbar spine (last one noted in April 2014) transcutaneous electrical nerve stimulation (TEN's), and home exercise program. The treating physician requested authorization for Gym membership, 6 months and Voltaren Gel 500 grams. On January 7, 2014 the Utilization Review denied certification for the Gym membership, 6 months and Voltaren Gel 500 grams. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Topical Analgesics and the Official Disability Guidelines (ODG) Work Loss Data Institute, Neck and Upper Back (Acute & Chronic) Exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership, 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Exercise

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary. In this case, there is no indication is that the claimant needs unsupervised visits that cannot be performed in a home exercise program. The request is therefore not medically necessary.

Voltaren Gel 500grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topica; analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for an unknown length of time and intended future length of use with request above is not specified. There are diminishing effects after 2 weeks. Based on the clinical information provided, the Voltaren gel is not medically necessary.