

Case Number:	CM15-0014537		
Date Assigned:	02/02/2015	Date of Injury:	08/28/2009
Decision Date:	03/23/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 64 year old female, who sustained an industrial injury on 8/28/2009. On 1/26/15, the injured worker submitted an application for IMR for review of 3 months gym membership, and Lidoderm patch 5% qty: 90.00. The treating provider has reported the injured worker complained of constant severe neck and low back pains. The diagnoses have included displacement of cervical intervertebral disc, chronic lumbosacral strain, shoulder and upper arm strain/sprain. Treatment to date has included x-rays, physical therapy, gym program, MRIs, EMG/NCS, surgery: status post right shoulder arthroscopy debridement, cervical and lumbar decompression. On 1/16/15 Utilization Review non-certified a 3 month's gym membership and Lidoderm patch 5% qty: 90.00. The MTUS Chronic Pain Medical treatment Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months gym membership: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Gym membership

Decision rationale: Pursuant to the Official Disability Guidelines, 3 months participation in a gym membership is not medically necessary. Gym memberships are 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. Plus, treatment needs to be monitored and administered by medical professionals area with unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. In this case, the injured worker's working diagnoses are displacement of cervical intervertebral disc; chronic lumbosacral strain; and sprains/strains of shoulder and upper arm. Subjectively the injured worker has complaints of constant, severe pain in her low back to the VAS score of 8/10. Additional complaints are constant, severe pain in the neck worse with prolonged driving. The documentation does not contain any neuropathic signs of symptoms. The diagnoses do not contain any reference to neuropathic symptoms. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Consequently, absent clinical documentation according to the guideline recommendations, three months participation in a gym membership is not medically necessary.

Lidoderm patch 5% qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5% #90 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are displacement of cervical intervertebral disc; chronic lumbosacral strain; and sprains/strains of

shoulder and upper arm. Subjectively the injured worker has complaints of constant, severe pain in her low back to the VAS score of 8/10. Additional complaints are constant, severe pain in the neck worse with prolonged driving. The documentation does not contain any neuropathic signs or symptoms. The diagnoses do not contain any reference to neuropathic symptoms. Lidoderm is indicated for localized pain consistent with neuropathic etiology. Consequently, absent clinical documentation with neuropathic signs and symptoms according to the guideline recommendations, Lidoderm patch 5% #90 is not medically necessary.