

<b>Case Number:</b>	CM15-0016128		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	10/30/1994
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68-year-old female who sustained an industrial injury on 10/30/94. She reports low back, right lower extremity pain, weakness, and pain over cervical spine. Treatments to date include an ESI in 2011, which provided almost one year of relief, pain medications, topical patches, and pool therapy. In a progress noted dated 12/01/14 the treating provider reports improved ability to walk for longer distances. She reportedly was confined to a wheelchair before she started pool therapy. The treatment plan consists of Tramadol, Lidocaine patches, and continued pool therapy. On 01/12/15 Utilization Review non-certified Tramadol and Lidocaine, citing MTUS guidelines, and independent pool therapy citing ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg per 12/01/2014 Exam Note QTY: 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol 50mg per 12/01/2014 Exam Note QTY: 120.00 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol, which has allowed her to participate in an independent pool exercise program. The patient was at one time confined to a wheelchair and no longer requires this. The 7/28/14 risk assessment profile indicates low opiate abuse. The urine screen dated 12/1/14 is appropriate. The request for Tramadol 50mg #120 is medically necessary.

**Lidocaine Patches 5% per 12/01/2014 Exam Note QTY: 60.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** Lidocaine Patches 5% per 12/01/2014 Exam Note QTY: 60.00 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines indicate that the patient has neuropathic pain and failed Neurontin, Lyrica and Cymbalta. The documentation indicates that the patient is able to participate in an independent pool program, socialize with family and no longer requires a wheelchair that they were once confined in for 2 years. The request for Lidocaine Patches 5% per 12/01/2014 Exam Note QTY: 60.00 is medically necessary.

**Additional Independent Pool Therapy Program, 6 months, Cervical/Lumbar Spine per 12/01/14 exam note QTY: 1.00:** 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), Low Back Procedure Summary last updated (11/21/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 12/27/13)Gym memberships.

**Decision rationale:** Additional Independent Pool Therapy Program, 6 months, Cervical/Lumbar Spine per 12/01/14 exam note QTY: 1.00 is not medically necessary per the ODG Guidelines. The MTUS does not specifically address gym memberships. The ODG does not recommend gym membership 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. 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. The documentation submitted does not reveal why the patient cannot participate in an independent land based exercise program. The documentation does not indicate that the patient requires reduced weight bearing. The request for additional Independent Pool Therapy Program, 6 months is not medically necessary.