

Case Number:	CM15-0128436		
Date Assigned:	08/07/2015	Date of Injury:	12/23/2000
Decision Date:	09/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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
 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 12-23-00 The injured worker was diagnosed as having cervical spine musculoligamentous sprain-strain, thoracolumbar musculoligamentous sprain-strain, spondylosis disc bulge and central and neuroforaminal stenosis. Treatment to date has included chiropractic treatment, oral medications and topical medications. Currently on 5-19-15, the injured worker reports her symptoms are unchanged; on 2-19-15 she complained of neck pain occasionally radiating to upper extremities. It is noted with medications she is able to perform activities of daily living. Physical exam performed on 5-19-15 revealed tenderness to cervical spine on palpation with spasm and guarding over the bilateral paravertebral musculature and restricted range of motion. The treatment plan included a request for authorization for gym membership with pool access, Ducloux 5mg and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 gym membership with pool access: 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, Lumbar & Thoracic (Acute & Chronic) Gym memberships.

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) Chapter, under Gym Membership.

Decision rationale: The patient presents with neck and back pain. She complains of neck pain occasionally radiating to upper extremities. The request is for 1 GYM MEMBERSHIP WITH POOL ACCESS. The request for authorization is dated 05/19/15. Physical examination of the cervical spine reveals tenderness to palpation and spasm / muscle guarding over the bilateral paravertebral musculature. The patient is morbidly obese and uses a wheelchair for support. She did not complete the last two chiropractic treatment visits as she did not want to transfer to a different facility. Functional benefits of meds: Able to perform ADL's. She complains of constipation with medications. Patient's medications include Flector Patch and Dulcolax. Per progress report dated 05/19/15, the patient is not working. ODG Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 05/19/15, treater's reason for the request is "so the patient can continue self-guided strengthening exercises in both a normal and low gravity environment." Although treater documents patient is morbidly obese, there is no discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, there are no details nor discussion about the need for the use of specialized equipment such as a pool and the medical necessity for a pool is not established. Furthermore, there are no plans for medical supervision at the gym. ODG does not support gym memberships unless there is a need for a special equipment such as a pool to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request IS NOT medically necessary.

Flector patch (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Flector patch (Diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. under Flector patch (diclofenac epolamine).

Decision rationale: The patient presents with neck and back pain. She complains of neck pain occasionally radiating to upper extremities. The request is for FLECTOR PATCH

(UNSPECIFIED DOSAGE AND QUANTITY). The request for authorization is dated 05/19/15. Physical examination of the cervical spine reveals tenderness to palpation and spasm/muscle guarding over the bilateral paravertebral musculature. The patient is morbidly obese and uses a wheelchair for support. She did not complete the last two chiropractic treatment visits as she did not want to transfer to a different facility. Functional benefits of meds: Able to perform ADL's. She complains of constipation with medications. Patient's medications include Flector Patch and Dulcolax. Per progress report dated 05/19/15, the patient is not working. Regarding topical NSAIDs, MTUS, Topical Analgesics Section, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, Pain Chapter. under Flector patch (diclofenac epolamine) Section states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Treater does not specifically discuss this medication. Patient has been prescribed Flector Patches since at least 03/31/14. However, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request IS NOT medically necessary.