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| Case Number: | CM15-0164327 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 05/04/1992 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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 57 year old male, who sustained an industrial injury on 5-04-1992. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy, and right knee meniscal tear. Treatment to date has included medications. The use of Nalfon, Prilosec, Ultram ER, Norco, Ambien, Naprosyn, and topical compound cream was noted since at least 12-29-2014, noted as prescribed and dispensed. An Emergency Department visit was noted on 1-23-2015 due to complaints of increased, chronic low back pain, for which he received injections of Dilaudid and Toradol. On 6-28-2015, the injured worker complains of continued low back pain with radiation down the left leg, with numbness and tingling. The pain was centered over the bilateral sacroiliac joints, and was aggravated by twisting, bending, and direct pressure. He reported that swimming does help his pain, along with medications and compound creams. Knee pain was not described and his pain was not rated. His subjective complaints and physical examination appear unchanged since visit on 2-07-2015. It was documented that he was last provided medications on 5-27-2015, which included Nalfon, Prilosec, Ultram ER, and Norco. Exam of the lumbar spine noted tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion secondary to pain and stiffness, positive straight leg raise bilaterally, and tenderness to palpation over the bilateral sacroiliac joints. FABERE-Patrick's tests were positive. Exam of the right knee noted tenderness to palpation and positive McMurray's sign. Motor strength was 5 of 5 in all extremities and sensation was diminished at the bilateral L5-S1 dermatomes. His work status was permanent and stationary. Laboratory testing was only referenced for urine toxicology. On

7-27-2015 Utilization Review non-certified Nalfon and [REDACTED] membership. He was prescribed and-or dispensed Nalfon 400mg #90, Prilosec 20mg #90, Ultram ER 150mg #90, and Norco 10-325mg #120. One year [REDACTED] membership was recommended for self-directed aquatherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Nalfon 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Nalfon 400 mg #90 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy; and right knee meniscal tear. Date of injury is May 4, 1992. Request for authorization is July 14, 2015. The documentation indicates Nalfon 400mg was prescribed as far back as January 15, 2015. According to a June 28, 2015 progress note, the injured worker has ongoing low back pain with radiation to the left leg. Swimming helps reduce discomfort. Medications include Ultram ER, Norco, Nalfon and Prilosec. Objectively, there is tenderness to palpation at the lumbar paraspinal muscles decreased range of motion. There is no documentation of first-line nonsteroidal anti-inflammatory drug used (i.e. Motrin or Naprosyn). There is no documentation demonstrating objective functional improvement. There is no documentation indicating an attempt to wean Nalfon. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no first-line nonsteroidal anti-inflammatory drug use and no documentation indicating an attempt to wean, one prescription Nalfon 400 mg #90 mg is not medically necessary.

[REDACTED] Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gym memberships.

Decision rationale: Pursuant to the Official Disability Guidelines, [REDACTED] membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program 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 lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy; and right knee meniscal tear. Date of injury is May 4, 1992. Request for authorization is July 14, 2015. The documentation indicates Nalfon 400mg was prescribed as far back as January 15, 2015. According to a June 28, 2015 progress note, the injured worker has ongoing low back pain with radiation to the left leg. Swimming helps reduce discomfort. Medications include Ultram ER, Norco, Nalfon and Prilosec. Objectively, there is tenderness to palpation at the lumbar paraspinal muscles decreased range of motion. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record and peer- reviewed evidence-based guidelines, [REDACTED] membership is not medically necessary.