

Case Number:	CM15-0179518		
Date Assigned:	09/21/2015	Date of Injury:	10/15/2004
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 injured worker is a 47 year old female who sustained an industrial injury on 10-15-2004. The injured worker was diagnosed with lumbar disc herniation with instability at two levels. According to the treating physician's progress report on July 30, 2015, the injured worker continues to experience low back pain radiating to the left leg. Objective findings included an antalgic gait, difficulty rising from a seated position, height of 66 inches, and weight of 200 pounds. Examination of the lower back demonstrated tenderness and positive straight leg raise on the left and negative on the right. Forward flexion was noted to the lower thigh. The injured worker has declined further injections or surgery at the present time. Prior treatments documented to date have included diagnostic testing, physical therapy and aqua therapy (over 24 visits), and medications. Current medications were listed as omeprazole and ibuprofen. Treatment plan consists of home exercise program, continuing with weight loss, and the current request for [REDACTED] gym with pool membership times one year (does not require supervision), polar frost cream #1 bottle, and ibuprofen 800mg #60 with 1 refill. The injured worker is Permanent & Stationary (P&S) and is working. On 08-21-2015, the Utilization Review determined the request for [REDACTED] gym with pool membership times one year, polar frost cream #1 bottle and Ibuprofen 800mg #60 with 1 refill was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

pool/gym 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, Low Back - Lumbar & Thoracic (Acute & Chronic) Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: Per the cited CA MTUS, exercise is recommended, and there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. However, evidence is insufficient to support the recommendation of any particular exercise regimen over any other. The ODG for low back pain does not recommend gym memberships 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. In addition, although a home exercise program is recommended, gym memberships or advanced home exercise equipment that is not monitored by a health professional, may not be covered under the guideline. In general, gym memberships for other body parts are not recommended, are not considered medical treatment; and in this case, the injured worker has undergone previous physical therapy which she should continue as a home exercise program. Therefore, the request for one-year gym with pool membership is not medically necessary and appropriate.

Ibuprofen 800mg #60 with 1 refill: 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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS guidelines cited state that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. However, in acute exacerbations of LBP, NSAIDs are recommended as a second-line treatment, and for neuropathic pain, it may be useful for breakthrough pain. The injured worker's baseline pain with and without medications is not documented on the visual analog scale per recent documentation. In addition, there is no documentation of objective functional benefit. Although she may benefit from an NSAID, with the available medical record documentation lacking, the request for ibuprofen 800mg #60 with 1 refill is not medically necessary at this time.

Polar frost cream #1 bottle: Upheld

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

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), Biofreeze® cryotherapy gel.

Decision rationale: Polar Frost is a commercial preparation consisting of topical menthol and there are no provisions for topical menthol in the CA MTUS. However, we can extrapolate the guidelines from one menthol preparation in the form of Biofreeze to Polar Frost given their similar preparation. The cited ODG supports the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, it states that Biofreeze is an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. With this injured worker, the date of injury was over 10 years ago, and given that she has chronic low back pain with radiation to the lower extremity, Polar Frost cream #1 bottle is not medically necessary and appropriate.