

<b>Case Number:</b>	CM15-0028435		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/25/1998
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 67 year old male, who sustained an industrial injury on 12/15/98. He has reported pain in the back, left elbow and bilateral lower extremities related to a slip and fall. The diagnoses have included lumbar radiculopathy and history of lumbar fusion. Treatment to date has included lumbar epidural injections, laminectomy and oral medications. As of the PR2 dated 1/2/15, the injured worker reports increased mobility after aqua therapy. He also indicated that the Ultram reduces his pain from 8/10 to 5/10. The treating physician requested Ultram 50mg #120, Lidoderm patch 5%, gym membership with pool access x 6 months, continue home care 24 hours/7 days/week x 1 year and 2 view left elbow x-ray. On 1/12/15 Utilization Review non-certified a request for Lidoderm patch 5%, gym membership with pool access x 6 months, continue home care 24 hours/7 days/week x 1 year and 2 view left elbow x-ray and modified a request for Ultram 50mg #120 to Ultram 50mg #90. The utilization review physician cited the MTUS and OGD guidelines for chronic pain and the ACOEM guidelines. On 2/13/15, the injured worker submitted an application for IMR for review of Ultram 50mg #120, Lidoderm patch 5%, gym membership with pool access x 6 months, continue home care 24 hours/7 days/week x 1 year and 2 view left elbow x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement and documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram 50 mg #120 is not medically necessary.

**Lidoderm patch 5% (# unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of a first line therapy. The documentation indicated the injured worker was to start the medication. The request as submitted failed to indicate the frequency and the body part to be treated, as well as quantity. Given the above, the request for Lidoderm patch 5% # unspecified is not medically necessary.

**Gym membership with pool access x 6 months):** 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), Gym Membership.

**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 Chapter, Gym Membership.

**Decision rationale:** The Official Disability Guidelines indicate that Gym memberships and swimming pools, would not generally be considered medical treatment, and are therefore not covered under the disability guidelines. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym membership with pool access x 6 months is not medically necessary.

**Continue home care (x 24 hours/day, 7 days per week x 1 year):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation submitted for review failed to provide the definition of "home care". There was a lack of documented rationale for the request. Homemaker and personal care services given by home health aides are not recommended per the guideline recommendations. There was a lack of documentation indicating the injured worker was in need of intermittent or part time medical home care. Given the above, the request for continued home care x 24 hours a day 7 days per week x 1 year is not medically necessary.

**Two (2)V left elbow x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, Table 8-7 and 12-1, 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** The ACOEM Guidelines indicate that special studies for the elbow are not needed unless there has been a period of at least 4 weeks of conservative care and observation that fails to improve symptoms. Plain film radiography is recommended to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. Additionally, the criteria for ordering imaging studies include the imaging study will substantially change the treatment plan, there is the emergence of a red flag or there is a failure to progress in a rehabilitation program. The clinical documentation submitted for review failed to provide a rationale for the request. Given the above, the request for 2 views left elbow x-ray is not medically necessary.