

<b>Case Number:</b>	CM15-0068539		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/13/1994
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: 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:

This 48 year old male sustained an industrial injury on 5/13/94. He subsequently reported back pain. Diagnoses include lumbar radiculopathy and erectile dysfunction. Treatments to date have included x-rays, MRIs, physical therapy, modified work duty, injections, acupuncture, surgery and prescription pain medications. The injured worker continues to experience back problems and erectile dysfunction. A request for Fenofibrate, Lovastatin, Hydrochlorothiazide medications and a pool membership was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenofibrate:** Overturned

**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 Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Fenofibrate is used together with lifestyle changes (low-fat diet, exercise) and sometimes with other medications to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood and to increase the amount of HDL (high-density lipoprotein; a type of fatty substance that decreases the risk of heart disease) in the blood. Documentation provided shows that the injured worker is diagnosed with Hyperlipidemia, which is fairly controlled on current medication regimen. The medical necessity for ongoing use of Fenofibrate is established. The request for Fenofibrate is medically necessary.

**Lovastatin:** Overturned

**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 Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Lovastatin is in a class of medications called HMG CoA reductase inhibitors (statins). This medication is used together with diet, weight-loss, and exercise to decrease the amount of cholesterol and other fatty substances in the blood. ODG does not recommend Statins as a first-line treatment for diabetics, because recent FDA-approved labeling change states that taking a statin can raise blood sugar and Hemoglobin A1C levels. Documentation provided that the injured worker is diagnosed with Hyperlipidemia, which is fairly controlled on current medication regimen. The medical necessity for ongoing use of Lovastatin is established. The request for Lovastatin is medically necessary.

**Hydrochlorothiazide 25mg:** Overturned

**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 Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/>.

**Decision rationale:** Hydrochlorothiazide is in a class of medications called diuretics ('water pills'), used alone or in combination with other medications to treat Hypertension. Hydrochlorothiazide is also used to treat edema (fluid retention) caused by various medical problems, including heart, kidney, and liver disease. Documentation provided that the injured worker is diagnosed with Hypertension, which is currently fairly controlled on current medication regimen. The medical necessity for ongoing use of Hydrochlorothiazide is established. The request for Hydrochlorothiazide 25mg is medically necessary.

**Pool membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships.

**Decision rationale:** MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy as it can minimize the effects of gravity. Aqua therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Per guidelines, the treatment should be monitored and administered by medical professionals. ODG states that Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, as they are unsupervised programs and there is no information flow back to the treatment provider. 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. Documentation provided reveals that the injured worker is obese with chronic radicular low back pain, with no significant improvement in function following treatment to date. Although the injured worker could benefit from aqua therapy, participating in an unsupervised program at a gym may pose a risk of further injury and there is no information provided to the treatment provider to make changes in the prescription. The request for Pool membership is not medically necessary per guidelines.