

Case Number:	CM15-0078234		
Date Assigned:	04/29/2015	Date of Injury:	08/28/2003
Decision Date:	06/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania
 Certification(s)/Specialty: 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 66 year old male who sustained an industrial injury on 8/28/2003. His diagnoses, and/or impressions, included: degenerative lumbar intervertebral disc disease; post-lumbar laminectomy syndrome; low back pain; sciatica; chronic pain syndrome; and depressive disorder. No current magnetic resonance imaging studies or computed tomography studies are noted. His treatments are noted to have included orthopedic surgeries (2009 x 2, 2012 & 2013); physical activity - he is using a gym with pool, resulting in improved symptoms and function; exercise and stretches for low back and sciatica; improved eating habits with weight loss education; medical marijuana; urine toxicology screenings; and medication management. Progress notes of 3/17/2015 noted follow-up for sciatica; chronic pain syndrome; and degeneration of lumbar intervertebral disc. He continues with persistent neck and low back pain; with radicular symptoms in the right lower extremity, despite treatment. Also reported were bilateral elbow symptoms. The physician's requests for treatments were noted to include a gym membership with pool access; Zorvolex; Lidocaine patches; and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), gym membership, elbow (acute and chronic) low back-lumbar and thoracic (acute and chronic).

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/Gym membership.

Decision rationale: According to the ODG "Not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals." In this case, the gym membership is being recommended for pool exercise. There is no indication that the pool exercise is being monitored and administered by medical professionals. Although this worker may be experiencing improvement in symptoms and function attributed to use of the pool, there is no reason based on the record to believe that those same gains could not be obtained through a variety of land based home exercises. Therefore, the request is not medically necessary.

Zorvolex 18 mg#90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Zorvolex (Diclofenac) may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. In fact, in this case, it was stated in the record that he has experienced nausea and reflux with NSAIDs. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The progress note of 3/7/15 states Zolvorex is being prescribed for effective pain management while tapering off opioids. However, acetaminophen should be tried first. Therefore, this request is not medically necessary.

Lidocaine 5% 700 mg/patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics/Lidocaine Page(s): 112.

Decision rationale: Topical lidocaine is "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." The MTUS also states, "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. Therefore, topical lidocaine is not medically necessary in this case even though the pain may be considered neuropathic. There is no indication from the record that this worker has peripheral neuropathic pain.

Oxycodone 15 mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The 9/29/14 physician progress note states, "analgesic effect reported by patient reveals a 60% decrease in pain" in regards to opioid use. "Statements such as this however are not specific enough to compare pain with and without or before and after the opioid. Furthermore, this evaluation was in 9/29/14 and was not current to the time of the request. There is also a statement regarding his medications in general "The patient's medications allow him to tolerate pain in order to do functional activities such as ambulating without the use of assistive device at household and community distances, bathing and dressing, and doing light house chores." This worker is on multiple medications and statements such as this do not specifically address an effectiveness attributable to the Oxycodone. Therefore, the request is not medically necessary.