

## Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/11/2013  
Date of Injury: 12/26/2006  
IMR Application Received: 7/29/2013  
MAXIMUS Case Number: CM13-0004242

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 month gym membership is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10 mg #20 is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 5 mg #30 is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lyrica 75 mg #90 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **6 month gym membership** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Ambien 10 mg #20** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Flexeril 5 mg #30** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Lyrica 75 mg #90** is not **medically necessary and appropriate**.

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 45-year-old male who reported injury on 12/26/2006 with an unknown mechanism of injury. The patient was noted to have back pain radiating from the low back to the right leg and lower back. The patient pain level was noted to have decreased and the quality of sleep was noted to be fair. The activity level was noted to remain the same. The diagnoses were stated to be lumbar radiculopathy, post lumbar laminectomy syndrome, and low back pain. The plan was stated to be a 6 month gym membership, Ambien 10 mg, Flexeril 5 mg, and Lyrica 75 mg.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 6 month gym membership :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Low Back Chapter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, Online Version which are not part of the MTUS.

Rationale for the Decision:

CA MTUS/ACOEM Guidelines do not address gym memberships. Official Disability Guidelines do 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 and treatment needs to be monitored and administered by medical professionals and there may be a risk of further injury to the employee. Gym memberships would not generally be considered medical treatment and are not covered under the Official Disability Guidelines. The physical examination dated 08/05/2013 revealed the employee was in mild pain. The inspection of the lumbar spine revealed range of motion was restricted with pain and on palpation of paravertebral muscles hypertonicity, and tenderness was noted on both sides. Lumbar facet loading was positive on both sides. The ankle and patellar jerk were 0/4 on both sides. Tenderness was noted over the sacroiliac spine. The employee's motor testing was noted to be limited by pain. Motor strength of EHL was 4-/5 on the right; hip flexors were 4-/5 on right, and the remainder of the motor examination revealed 5/5. The employee had a straight leg raise test that was positive on the right. The request was made to the employee to obtain a 6 month gym membership to continue functional gain from physical therapy. While the physician noted the above, they failed to note whether the employee had a home exercise program that was ineffective and that there was a need for the employee to have use of equipment to continue functional gain. Clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. **The request for 6 month gym membership is not medically necessary and appropriate.**

**2) Regarding the request for Ambien 10 mg #20:**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain Chapter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer

based his/her decision on the Official Disability Guidelines (ODG), Pain Chapter, Online Version which are not part of the MTUS.

Rationale for the Decision:

CA MTUS/ACOEM Guidelines do not address the requested medication. Official Disability Guidelines, Pain Chapter, addresses Ambien (zolpidem) as a short-acting, nonbenzodiazepine hypnotic which is approved for the short term (usually two to six weeks treatment of insomnia). Clinical documentation submitted for review indicated the quality of the employee's sleep was fair and failed to provide the employee had documented insomnia. Additionally, the employee was noted to have taken the medication since 2012 and it is recommended per Official Disability Guidelines for up to six weeks for treatment of insomnia. The clinical documentation failed to provide exceptional factors and failed to provide the efficacy of the requested medications. Given Official Disability Guidelines recommend this medication for short-term use, and there is a lack of exceptional factors to warrant nonadherence to guideline recommendations, the request for Ambien 10 mg #20 is not medically necessary. **The request for Ambien 10 mg #20 is not medically necessary and appropriate.**

**3) Regarding the request for Flexeril 5 mg #30 :**

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 41-42 which are part of the MTUS.

Rationale for the Decision:

CA MTUS Guidelines recommend Flexeril as a short course of therapy for chronic pain. Clinical documentation submitted for review indicated the employee's pain level was noted to have decreased since the last visit. The activity level was noted to have stayed the same and the employee was noted to be taking the medications and they were noted to be working well. Clinical documentation indicated the employee had been taking the medication since at least 04/2013. It failed to provide the efficacy of the medication and fails to provide exceptional factors to warrant non-adherence to CAMTUS recommendations for short term use. Additionally, the medication was requested in addition to Lyrica, which is also for pain. Clinical documentation fails to provide the necessity for 2 pain medications. However, clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for Flexeril 5 mg is not medically necessary. **The request for Flexeril 5 mg #30 is not medically necessary and appropriate.**

**4) Regarding the request for Lyrica 75 mg #90 :**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Pregabalin.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pregabalin, pg.16, which are part of the MTUS.

Rationale for the Decision:

CA MTUS Guidelines recommends antiepilepsy drugs for neuropathic pain. Lyrica is an antiepilepsy drug. Clinical documentation submitted for review indicated the employee's pain level had decreased since the last visit. The employee noted to have no new problems or side effects. The employee noted the medications were being taken as prescribed and that medications were working well with no side effects. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for two pain medications as the employee was noted to be taking Flexeril. **The request for Lyrica 75 mg #90 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.