

Case Number:	CM14-0140408		
Date Assigned:	09/10/2014	Date of Injury:	07/02/1998
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female who sustained an injury on July 1, 1998. The injured worker has been followed for multiple complaints to include chronic neck and low back pain. The injured worker has undergone prior cervical fusion procedures as well as bilateral carpal tunnel releases. The injured worker has been followed for concurrent depression secondary to chronic pain. The injured worker's medication history has included Norco, muscle relaxers, and nonsteroidal antiinflammatory drugs (NSAIDs). As of 047/28/14, the injured worker reported worsening pain in the neck and right shoulder that radiated to the right upper extremity. The injured worker indicated that her symptoms were improved with regular swimming. With medications the injured worker's pain was improved from 7 to 5 out of 10 on the visual analog scale (VAS). The injured worker's physical exam findings noted loss of cervical and lumbar range of motion with tenderness to palpation noted and decreased sensation in the right upper extremity. The requested medications and gym membership was denied on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy at [REDACTED] (12 Month Membership at the [REDACTED]): 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) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Low Back Chapter, Gym Memberships

Decision rationale: The injured worker did report benefits obtained with swimming activities. The specific functional improvements were not identified. Per guidelines, the use of gym membership would be considered in patients for whom a home exercise program has not been effective. There are considerable risks for nonsupervised rehabilitation including reinjury. There are no specific goals set for the injured worker regarding a yearlong gym membership. It is unclear that a specified home exercise program would not be sufficient for the injured worker. As such, this request is not recommended as medically necessary.

1 Prescription of Cyclobenzaprine 5mg: 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 , Muscle Relaxants, Page(s): , page(s) 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 5 milligrams, this request is not recommended as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in regards to quantity, frequency, or duration. Therefore, this request would not be recommended the ongoing use of this medication.

1 Prescription of Arthrotec 75/200 mg/mcg: 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 NSAIDs, Page(s):) 67-68.

Decision rationale: The chronic use of prescription nonsteroidal antiinflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. Furthermore, there was no specifics regarding quantity, duration, or frequency. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain.