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| Case Number: | CM14-0143330 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 03/18/1997 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 73-year-old male was reportedly injured on 3/18/1997. Mechanism of injury was noted as an assault and robbery where the claimant was struck with a chain around the neck and head, causing him to become temporarily unconscious. The most recent progress note, dated 7/29/2014, indicated that there were ongoing complaints of neck pain. Physical examination demonstrated decreased cervical spine range motion, tenderness along cervical paraspinal muscles, upper trapezius, levator scapular and periscapular regions with trigger points identified, negative Spurling's maneuver with shoulder range of motion intact and without impingement. Tinel's test was negative over wrists/elbows bilaterally. Reflexes were symmetrical. Strength/sensation intact in the upper extremities without focal deficits. MRI of the cervical spine, dated 12/1/2012, reportedly showed multilevel foraminal and central stenosis, which was severe, with mild cord compression, but no cord signal changes were noted. Foraminal stenosis was noted throughout with C7-T1 anteriorlisthesis present and multilevel severe degenerative changes. Diagnosis was of chronic neck pain without any clinical evidence of myelopathy or radiculopathy. Previous treatment included physical therapy and home exercise program. Current medications were amlodipine, lisinopril, carvedilol, gemfibrozil, terazosin, Zantac, Viagra, Metformin, Xanax, bupropion, Mobic, Duragesic 50 mcg patches, Vicodin and Zanaflex. A request had been made for Mobic, Vicodin and one year gym membership with pool, which was not certified in the utilization review on 8/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: Meloxicam (Mobic) is a non-steroidal anti-inflammatory. MTUS guidelines support NSAIDs for the treatment of signs and symptoms of osteoarthritis but advises caution due to gastrointestinal and cardiovascular risk. When noting the claimant's clinical presentation, imaging studies and diagnosis, there is a clinical indication for the use of NSAIDs; however, the amount of medication requested is of concern. Package inserts for NSAIDs recommend periodic lab monitoring to include a CBC and chemistry profile as well as routine blood pressure monitoring. Given the claimant's blood pressure (162/79) on the progress note dated 7/29/2014, this medication is considered high risk until further documentation is provided that the claimant's hypertension is under optimal control. As such, it is not considered medically necessary.

Vicodin 5/300mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Vicodin (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck pain since a work-related injury in 1997; however, there is no objective clinical documentation of improvement in his persistent neck pain or function with the current regimen. As such, this request for Vicodin is not considered medically necessary.

1 Year 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 (ODG) Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has been found to not be effective and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended, and monitored by medical professionals. As there is no documentation in the attached medical record addressing these issues. This request for a gym membership is not medically necessary.