

<b>Case Number:</b>	CM13-0016490		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 30 year old female. The patient's date of injury is 6/3/11. The mechanism of injury unclear according to the clinical documents provided. The patient has been diagnosed with lumbar radiculopathy, cervical radiculopathy, depression, anxiety, chronic pain and insomnia. The patient has also indicated a previous failure of pain control with Oxycodone. The physical exam findings show limited range of motion in the spine secondary to pain. There is also tenderness noted in the cervical spine.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Pain, Gym Membership.

**Decision rationale:** There are no specific MTUS guidelines that discuss the use of gym membership. Other guidelines as cited above where used. The patient's clinical documents were reviewed. According to the above cited guidelines, The Official Disability Guidelines state in the

low back chapter, that gym memberships are, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revisions has not been effective and there is a need for specific equipment. Plus, this treatment is required to be monitored by medical professionals". The guidelines continue to state, with these unsupervised sessions at the gym, there is no flow of information back to the medical provider, so that modification in the prescription can take place. As these would be unsupervised gym sessions, there would be no way to document any improvement in the patient's condition. At this time a gym membership is not consider a medical necessity for the patient

**BUTRANS 20MCG PATCH #4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

**Decision rationale:** The California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Butrans. The California MTUS guidelines state the following: Butrans is recommended as an option for chronic pain, it is also recommended for treatment of opiate addiction. The clinical documents state, this is being prescribed in an effort to decrease opiate use in the patient. According to the clinical documentation provided and current MTUS guidelines, Butrans is indicated as a medical necessity to the patient at this time.

**TIZANIDINE 4MG #90:** 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): 41-42.

**Decision rationale:** The California MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Tizanidine. The clinical documents show no evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Tizanidine. At this time, the request is not deemed as a medical necessity

**HYDROCODONE 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** The California MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. According to the clinical documents the patient has tried and failed Oxycodone in the past, it is unclear what effect the Hydrocodone had on the patient, if any; there is a lack of exact dates in the documents medications were taken. No documented significant changes in clinical findings were noted. At this time Hydrocodone is not a medical necessity for this patient, due to lack of documented improvement with the initial treatment course. According to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. At this time Hydrocodone is not a medical necessity for this patient.

**RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN ADMINISTERED ON 7/30/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for retrospective request for urine drug screen administered on 7/30/13. The California MTUS guidelines state the following: Drug testing. Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is documentation of at least one drug screen in the clinical documents. According to the clinical documentation provided and current MTUS guidelines; the above drug screen is indicated as a medical necessity to the patient at this time.