

Case Number:	CM13-0024413		
Date Assigned:	12/11/2013	Date of Injury:	03/06/1988
Decision Date:	01/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 6, 1988. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior L4-L5 and L5-S1 fusion surgeries; long- and short-acting opioids; a lumbar support; adjuvant medications; and psychotropic medications. In a utilization review report of August 20, 2013, the claims administrator denied a request for Avinza, immediate release morphine, and a YMCA gym membership. The applicant's attorney later appealed. An earlier note of August 8, 2013, is notable for comments that the applicant presents for a 2-month interval followup. He reports persistent low back pain radiating to the feet. He is apparently on Avinza, morphine, Lidoderm, Remeron, Zoloft, Celebrex, Klonopin, Prilosec, Provigil, testosterone, Viibryd, Flomax, Zyrtec, Zestril, and Lipitor. The applicant reportedly has a BMI of 25. He does exhibit limited lumbar range of motion. He has some weakness about the lower extremities. A repeat lumbar MRI is sought. It is stated that the applicant remains "highly functional and is working full time." He is given a 3-month supply of medications. A lumbar support is also endorsed. The applicant is apparently working out in a pool, it is stated. An earlier note of March 22, 2013, is notable for comments that the applicant likes his work and continues to work long hours. The applicant is apparently employed as a cook. The applicant states that pain medications make his pain "better." He is described as having a history of multiple myeloma, in remission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 120mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Avinza (Morphine Sulfate) Page(s): 23, 80.

Decision rationale: Avinza, per page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, is a specific brand of long-acting morphine which provides around-the-clock analgesia for an extended period of time. In this case, it does appear that the applicant meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has returned to work. He does report appropriate analgesia derived through ongoing opioid usage. Therefore, on balance, continuing Avinza is indicated, particularly if the applicant has seemingly effected and/or maintained return to work as a result of ongoing opioid usage. Therefore, the request is certified, on independent medical review.

MSIR 30mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

Decision rationale: Again, the applicant quite clearly meets at least two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid usage. Specifically, the opioid medications have resulted in diminished pain. The applicant has returned to work and continues to work despite ongoing complaints of pain. While the attending provider has not detailed specifically why activities of daily living have been improved as a result of opioid usage, this is outweighed by the applicant's successful return to work. Accordingly, the original utilization review decision is overturned. The request is certified.

YMCA gym membership for next year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria, Gym Memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Memberships.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, maintaining and adhering to exercise regimens are matters of employee responsibility as opposed

to matters of medical necessity. The MTUS reference is augmented here by the non-MTUS ODG gym membership topic, which does suggest that gym memberships are only provided when there is documented failure of a home exercise program and an associated need for specialized equipment. In this case, however, it is not clearly stated how or why home exercises have failed, why the applicant cannot do them independently, and what (if any) specific equipment is needed and/or available at the gym that the applicant could not obtain of his own accord. Accordingly, the request remains non-certified, on independent medical review.