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| Case Number: | CM13-0025399 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 10/30/1992 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Orthopaedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Maryland, Alaska, and Texas. 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 patient is a 48-year-old male who sustained an injury on 10/30/1992 after a motor vehicle accident. The patient has presented for treatment several times throughout the past few years for followup on low back and buttock complaints with his most current physical examination dated 07/23/2013. At that time, the patient rated his pain at a 4/10 to 9/10 and he described having decreased burning to the right leg; but still having left leg complaints. Prior to That appointment, he had received a lumbar epidural steroid injection in 03/2013. He stated that the injection gave him 60% relief for about 4 days but the pain has returned to its baseline. The most current documentation is from a medical consultation for the patient to begin a medically managed weight loss program. Currently, for pain control, the patient has been utilizing oral medications to include Norco, Voltaren ER, Flexeril, Medrox patches, and Terocin cream. The physician is now requesting a gym membership with access to a swimming pool, Norco 10/325 mg, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM membership with access to a swimming pool: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym memberships

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 Chapter, Gym memberships

Decision rationale: The Physician Reviewer's decision rationale: California MTUS and ACOEM Guidelines do not address gym memberships. Therefore, Official Disability Guidelines has been referred to in this case. Official Disability Guidelines do not recommend a medical prescription for a gym membership unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. It further states gym memberships, health clubs, swimming pools, athletic clubs, etc. would not generally be considered medical treatment, and are therefore not covered under these guidelines. The patient's injury occurred approximately 12 years ago. Therefore, the patient had ample opportunities to utilize various means of conservative therapy to include joining a gym, or a country club, etc., on his own. Therefore, the requested service is not considered medically necessary and is non-certified.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Physician Reviewer's decision rationale: Under California MTUS Guidelines, it states that patients who receive opiate therapy sometimes develop unexpected changes in the response to opioids. This may include the development of abnormal pain which is hyperalgesia, a change in pain pattern, or persistent pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases in medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require a weaning period. As noted in the documentation, the patient has been utilizing a couple different opioid medications for over a year now. On each of the progress reports, the patient has not had a significant decrease in his pain levels with the use of the medication. Therefore, in response to the request for the opioid Norco 10/325 mg, because there are no objective measurements showing a significant decrease in the patient's pain level as the result of using Norco or any of his oral medications, the requested service is not considered medically necessary. As such, the requested service is non-certified.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Physician Reviewer's decision rationale: Under California MTUS Guidelines, it states that patients who receive opiate therapy sometimes develop unexpected changes in the response to opioids. This may include the development of abnormal pain which is hyperalgesia, a change in pain pattern, or persistent pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases in medication. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require a weaning period. As noted in the documentation, the patient has been utilizing various opioids for over a year now. On each of the progress reports, the patient has not had a significant decrease in his pain levels with the use of the medication. Therefore, in response to the request for the opioid Flexeril, because there are no objective measurements showing a significant decrease in the patient's pain level as the result of using Flexeril or any of his oral medications, the requested service is not considered medically necessary. Furthermore, the physician failed to include the dosage on this medication. As such, the requested service is non-certified.