MAXIMUS Federal Services

Case Number:	CM13-0028482		
Date Assigned:	11/01/2013	Date of Injury:	03/03/2000
Decision Date:	03/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 64 year old female with a reported date of injury on 03/03/00. There are multiple mechanisms of injury. Both hands, both knees, chest/ribs, upper and lower back and the neck has been accepted the by the carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

six month gym membership: 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).

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

Decision rationale: Regarding purchase of gym membership, this is not supported by the guidelines. ODG states that gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. Treatment (work related activity) must be specific to the worker's needs, and the worker's work tasks. Activity must resemble work tasks. Specificity of training is desirable to maximize carry over to work tasks or home based activities. In many

cases activity can be prescribed so that it can be performed in the workers usual settings (ie work or home), without the need to introduce an alternate setting (i.e. the gym). This also supports early progression towards self management, rather than developing reliance on equipment/outside services that is not available at work or home, and/or on the medical clinics. The additional costs of gym membership and treatment provider travel could not be considered reasonably necessary if treatment using work related activity can be effectively provided in the clinic, home, or work environment.

Percocet 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: The guidelines state that opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. This patient's date of injury was 13 years ago. A pain contract is not mentioned in the records provided to this reviewer. Discussion with respect to weaning, change in medications, orientation, functionality, and benefit have not been documented. Therefore, the request for Percocet 10/325mg is not medically necessary.

Ambien CR 12.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Zolpidem, and Medline Plus.

Decision rationale: Zolpidem is a non-benzodiazepine hypnotic that is only for short-term use. It appears that this is being used chronically. With respect to prescription of Ambien CR 12.5mg, the guidelines do not support it. CA-MTUS is mute about this medication, but according to Medline Plus, if zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. ODG recommended that cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan and should be considered in conjunction with a short cause of Zolpidem. Therefore, the request for Ambien CR 12.5mg is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics Page(s): 65. Decision based on Non-MTUS Citation ODG, Pain Chapter, Carisoprodol

Decision rationale: The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period. Also, it appears this patient has been on muscle relaxants since 2009, with no documentation of any functional improvement or pain reduction. Therefore, the request for Soma 350mg is not medically necessary.