

<b>Case Number:</b>	CM13-0034900		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Preventative Medicine and 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 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 applicant is a represented Southern California Gas Company employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 3, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 8, 2013, the claims administrator approved Lyrica and Butrans while partially certifying Norco. A gym membership, tizanidine, and urine drug testing were denied outright. The applicant's attorney subsequently appealed. In an earlier handwritten note of May 20, 2012, it is acknowledged that the applicant is off of work, on total temporary disability. A January 14, 2013 progress note is again notable for comments that the applicant is off of work, on total temporary disability. On July 30, 2013, the applicant is described as reporting multifocal neck, low back, knee, elbow, shoulder, and hip pain with associated fatigue, headaches, and insomnia. The applicant is depressed. Multiple medications are sought, including Lyrica. A gym membership with pool access is also sought. Norco, tizanidine, Butrans, and Lyrica are apparently refilled. It is noted that tizanidine was previously prescribed on March 26, 2013, as were Norco, Butrans, and Neurontin.

### 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 Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, applicants must assume certain responsibilities, one of which is to maintain and adhere to exercise regimens. In this case, the gym membership with access to a pool being sought by the attending provider has been deemed by ACOEM to be a matter of applicant responsibility as opposed to a matter of medical necessity. It is further noted that page 22 of the MTUS Chronic Pain Medical Treatment Guidelines states that aquatic therapy should be considered an optional form of exercise therapy in those applicants in whom reduced weightbearing is desirable. In this case, however, there is no mention of the applicant having any gait issues or gait derangement for which reduced weightbearing would be desirable. Therefore, the request is not certified, for all of the stated reasons.

**PRESCRIPTION OF TIZANIDINE 4MG TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE SECTION Page(s): 66.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain, in this case, however, the applicant has used tizanidine chronically. The request in question is a renewal request. The applicant has, however, failed to achieve any lasting benefit or functional improvement through ongoing usage of tizanidine. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on multiple analgesic medications, both opioid and nonopioid. Accordingly, the request is not certified.

**PERIODIC URINE DRUG TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES ODG- CHRONIC PAIN CHAPTER, URINE DRUG TESTING

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in

the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with a request for authorization for testing. The attending provider should also attach an applicant's complete medication list to the request for drug testing. In this case, neither criteria was met. The attending provider did not clearly furnish the applicant's complete medication list, nor did the attending provider state which drug tests and/or drug panels he intended to test for. The attending provider did not clearly state when and/or how often he intends to perform drug testing. Accordingly, the request is likewise not certified, on Independent Medical Review, as several ODG criteria for pursuit of drug testing have not been met.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the applicant has failed to meet any or all of the aforementioned criteria despite ongoing usage of hydrocodone, an opioid. The applicant is off of work, on total temporary disability. The applicant is reportedly impaired in terms of performance of numerous activities of daily living, including activities as basic as self-care, personal hygiene, ambulation, and hand functions; it is stated on July 2, 2013. There is likewise no evidence of analgesia achieved as a result of ongoing hydrocodone therapy. Therefore, the request is likewise not certified, on Independent Medical Review.