

<b>Case Number:</b>	CM13-0038766		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 patient is a 25 year old male with stated date of injury of 9/16/2010. He has pursued fairly extensive physical therapy, at least 24 sessions. He denies of any water therapy and he has not had chiropractic and otherwise utilizes medications including narcotics on an ongoing basis. He has treated otherwise with massage and a TENS unit. His current medication regimen is listed as Norco 10 1-2 every 4 hours not to exceed 8 daily, trazodone one at bedtime, and tizanidine. The patient last worked in September of 2010. Compared to his worst, he is admittedly 20-25% improved reporting that immediately postinjury, he had a "significant limp" right sided. The limp has improved. His pain is minimally improved. His current pain reporting then is axial lumbar pain, with right lower extremity numbness and tingling, which is episodic and intermittent. He is not really having any pain at this time. Again, initially he had a significant limp, which he thought was due to either pain or possibly weakness but that has improved. On 9/9/2013, [REDACTED] submitted an RFA with the following summary of findings: Diagnosis: Muscle spasm; Lumbosacral spondylosis; Lumbosacral disc degeneration; Lumbago; joint Pain-Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**three 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, Physical Therapy, Gym Memberships.

**Decision rationale:** 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. Therefore, the gym membership is not medically necessary.

**Docusate sodium 250mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, and information from Medline Plus.

**Decision rationale:** With respect to the request for docusate sodium 250 mg, the guidelines did not specifically recommend this medication, but did indicate that if prescribing opioids has been determined to be appropriate, then ODG recommends that prophylactic treatment of constipation should be initiated. The guideline further stated that about 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. Since the carrier did not certify Norco, the request for docusate sodium 250 mg #30 (3 refills) is not medically necessary.

**Norco 10/325 mg #180 with three refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 79-81.

**Decision rationale:** With respect to the request for Norco 10/325 mg tablet #180, this is not supported by the guidelines. The medical report states that the pain medications only caused little relief of pain. Significant pain relief and functional improvement as a result of the intake of Norco was not specified to justify the continuation of this medication. The guidelines does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Given that the patient has not had any long-term functional improvement gains from taking Norco over the since 2010, it is not warranted to continue Norco. 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. Therefore the request for Norco 10/325mg #180 is not medically necessary.

**Elavil 25mg #60 with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Antidepressants

**Decision rationale:** Regarding the request for Elavil 25 mg #60, the guideline recommended this medication as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, in the medical report dated August 27, 2013, the treating physician stated that the only medication the patient has not used in the last two months is the Elavil and he notes now increased insomnia. It appears as if Elavil was being used to treat insomnia, which is not recommended. Also there is no documentation of any functional improvement or adverse effects reported with previous use of this medication. Specifically, the treating physician did not verify why the patient stopped taking Elavil for over two months, which could be due to adverse effects of this medication. Therefore the request for Elavil 25 mg #60 (3refills) is not medically necessary or appropriate.