

Case Number:	CM13-0038829		
Date Assigned:	12/18/2013	Date of Injury:	09/10/2003
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Practice, has a subspecialty in Pain Management 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:

Male claimant sustained an injury on 9/10/03 that resulted in chronic neck pain. He has received cervical epidural injections and TENS unit for pain control as well as Butrans patches, Opioids, NSAIDs, muscle relaxants and Terocin cream. He has also undergone a home exercise program, physical therapy, biofeedback and trigger point injections. A progress note on 9/19/13 noted pain of 4-7/10. The claimant was on Norco and Flexeril and was exercising regularly. His examination was notable for cervical spinal tenderness. His diagnosis at the time was: C4-C& spondylosis with overlying myofascial pain, thoracic outlet syndrome, and carpal tunnel. A request was made for a gym membership to allow him to use machines necessary to advance his therapy. He was to wean off Norco and an order for a urine toxicology screen was ordered. The results of the toxicology screen noted on 10/17/13 was consistent with the use of hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership per month, six (6): 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 Official Disability Guidelines (ODG).

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary..

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology..

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. In this case there was no indication of abuse , addiction or non-compliance. Based on the above references and clinical history a urine toxicology screen is not medically necessary.