

<b>Case Number:</b>	CM13-0053457		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation, 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 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 patient is a 40-year-old with an injury date of February 20, 2006 Based on the November 1, 2013 progress report provided by [REDACTED] the patient complains of lower back pain, radiating to the left lower extremity and occasionally to the right lower extremity. The patient's diagnoses include the following status post "discectomy", Status post L4 to sacrum interbody fusion with pedicle screw instrumentation; reinsertion right malaligned screw by history, status post removal of spinal instrumentation in stages, chronic right lumbar radiculopathy, minimal bilateral hip osteoarthritis, and musculoskeletal deconditioned syndrome with obesity [REDACTED] [REDACTED] is requesting for Oxycontin 60 mg #60, Norco 10/325 mg, one to six month gym membership, and Oxycontin 20 mg #60. The utilization review determination being challenged is dated November 8, 2013. [REDACTED] is the requesting provider, and he provided treatment reports from March 1 to November 1, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1-6 MONTH GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Gym membership (knee):

**Decision rationale:** According to the November 1, 2013 report by [REDACTED], the patient presents with lower back pain, radiating to the left lower extremity and occasionally to the right lower extremity. The request is for Oxycontin 20 mg #60. The patient first began taking Oxycontin 20 mg on May 10, 2013. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the Chronic Pain Medical Treatment Guidelines states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. The request for Oxycontin 20 mg, sixty count, is not medically necessary or appropriate.

**OXYCONTIN 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89.

**Decision rationale:** According to the November 1, 2013 report by [REDACTED] the patient presents with lower back pain, radiating to the left lower extremity and occasionally to the right lower extremity. The request is for one to six month gym membership. The treater does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership and how the patient is to be supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership but the ODG guidelines state that it 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 need for equipment." In this case, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym is needed to accomplish the needed exercises. The request for a one to six month gym membership is not medically necessary or appropriate.