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| <b>Case Number:</b>   | CM13-0056500 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/05/2004 |
| <b>Decision Date:</b> | 03/31/2014   | <b>UR Denial Date:</b>       | 11/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/22/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 66 year old male who reported an injury on 02/50/2004. The patient's diagnosis was noted to be lumbosacral neuritis NOS. The mechanism of injury was noted to be a slip and fall where the patient injured their left lower extremity and low back. The patient was noted to be taking gabapentin in 07/2013. The most recent documentation submitted for review is dated 10/30/2013. The patient was noted to have completed a 6 week functional restoration program from 07/15/2013 through 08/23/2013. The patient's medications were noted to be Zoloft 100 mg and gabapentin 600 mg. The plan included the patient had done well with the functional restoration program from which he graduated and was off all opiate medications, had lost 20 pounds and continued to walk without any assistive devices, and the physician indicated he would continue the patient on gabapentin 300 mg 3 times a day. The request was made for gabapentin and a 3 month gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership for 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships

**Decision rationale:** Official Disability Guidelines do not recommend gym memberships 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. The treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. Clinical documentation submitted for review failed to provide documentation of the rationale for the requested service. There is lack of documentation of exceptional factors as the patient was noted to have gone through a functional restoration program and increased quadriceps strength and to no longer use a cane as well as the patient lost 20 pounds since the program. There was lack of documentation of the patient's remaining deficits and exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym membership for 3 months is not medically necessary.

**Prescription of Gabapentin 300mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California MTUS Guidelines indicate that anti-epileptic drugs are first-line medications for the treatment of neuropathic pain and there should be documentation of objective functional improvement with the medication. The patient had been on the medication since the earliest documentation that was submitted, including gabapentin was 07/2013. There was lack of documentation of objective functional improvement and a decrease in the VAS score. The request, as submitted, failed to indicate the quantity of medication being requested. Given the above, the request for the prescription for gabapentin 300 mg is not medically necessary.