

<b>Case Number:</b>	CM13-0059635		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and 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 53-year-old male who reported an injury on 04/17/2001. The mechanism of injury was not provided for review. The patient ultimately underwent surgical fusion of the lumbar spine. The patient's chronic pain was managed with epidural steroid injections and medications. The patient's most recent medication schedule included Lidoderm patches 5%, Cymbalta 30 mg, OxyContin 20 mg, ketorolac, trazodone, Nexium, naproxen, Oxycodone, Lyrica, Cialis, and Flomax. The patient was monitored for aberrant behavior with urine drug screens that were regularly consistent with the patient's prescribed medication schedule. The patient's most recent clinical documentation notes that the patient has an average pain rating of 8/10. The opioid medications improved the patient's sitting tolerance by 60%, standing tolerance by 60%, and walking tolerance by 60%. The physical findings included tenderness to palpation along the left lumbar paravertebral musculature with 4/5 motor strength of the bilateral lower extremities and a positive bilateral straight leg raising test. The patient's diagnoses included failed back syndrome of the lumbar spine, degenerative disc disease of the lumbar spine, intervertebral lumbar discopathy without myelopathy of the lumbar region, radiculopathy, and spondylosis. The patient's treatment plan included a gym membership and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #84:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines recommend the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient's medication schedule allows for a 60% improvement in the patient's functional activities and that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide a quantitative assessment of pain relief. The clinical documentation indicates that the patient has persistent pain complaints of 8/10. There is no quantitative evidence that the patient has any pain relief from these medications. Therefore, continued use would not be supported. As such, the requested Oxycodone 5mg #84 is not medically necessary or appropriate.

**Oxycontin ER 40mg #112:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines recommend that the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient's medication schedule allows for a 60% improvement in the patient's functional activities and that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide a quantitative assessment of pain relief. The clinical documentation indicates that the patient has persistent pain complaints of 8/10. There is no quantitative evidence that the patient has any pain relief from these medications. Therefore, continued use would not be supported. As such, the requested Oxycontin ER 30mg #112 is not medically necessary or appropriate.

**One (1) year 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, Low Back - Lumbar and Thoracic (Acute and Chronic)

**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:** The Official Disability Guidelines do not recommend a medical prescription for gym memberships, unless there is documentation that the patient has failed to progress through a home exercise program and requires equipment that cannot be provided within the home. The clinical documentation submitted for review does not provide any evidence that the patient cannot participate in a home based independent exercise program. There is no documentation that the patient requires specialized equipment that cannot be provided in the home. Therefore, the need for a one (1) year gym membership is not medically necessary or appropriate.