

Case Number:	CM13-0064255		
Date Assigned:	01/03/2014	Date of Injury:	02/20/2001
Decision Date:	05/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 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:

According to the records made available for review, this is a 63-year-old female with a 2/20/01 date of injury. At the time (11/21/13) of request for authorization for Oxycontin 40mg #60 and Gym Membership for 3 months with pool access, there is documentation of subjective (ongoing low back pain, stabbing-like pain in the left side of the back that shoots down the left leg, and a burning sensation in the left leg) and objective (decreased low back range of motion, decreased sensation in the left lateral calf and bottom foot, ambulation with limp, lumbar paraspinal hypertonicity, and decreased deep tendon reflexes at the knees and ankles) findings, current diagnoses (chronic back pain and left leg symptoms, history of lumbar spinal fusion from L4-S1 with prior laminectomy, and neuropathic burning component of pain in the left leg), and treatment to date (medications (including Oxycontin since at least 5/28/13)). Medical report indicates that the patient has a narcotic contract and is receiving 50% functional improvement with medications. It is stated that given her objective findings of failed laminectomy syndrome, persisting back pain, muscle spasms, and limited trunk range of motion, she should be allowed analgesics and will always require narcotic analgesics to maintain level of function. Regarding Oxycontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycontin. Regarding Gym Membership, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-80 and 92.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. Within the medical information available for review, there is documentation of diagnoses of chronic back pain and left leg symptoms, history of lumbar spinal fusion from L4-S1 with prior laminectomy, and neuropathic burning component of pain in the left leg. In addition, there is documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of 50% functional improvement with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycontin. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 40mg #60 is not medically necessary.

GYM MEMBERSHIP FOR 3 MONTHS WITH POOL ACCESS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for

review, there is documentation of diagnoses of chronic back pain and left leg symptoms, history of lumbar spinal fusion from L4-S1 with prior laminectomy, and neuropathic burning component of pain in the left leg. However, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals. Therefore, based on guidelines and a review of the evidence, the request for Gym Membership for 3 months with pool access is not medically necessary.