

<b>Case Number:</b>	CM13-0067560		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Family Practice and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 9/17/2007 when she slipped at work, lost her balance and fell forward, striking her forearms and hands on a sink. Her current diagnoses include fibromyalgia, right cervical laterocollis and left shoulder rotator cuff tear. The carrier has accepted both elbows, both knees and right foot for coverage. Her current management includes injections and medication. The disputed requests are for one year gym membership and Lyrica 15 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE YEAR GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

**Decision rationale:** MTUS states that exercise is a recommended intervention for pain management and states that no single exercise program is recommended over any other program. The ODG addresses gym memberships in the section on the treatment of low back pain and states that gym memberships are not recommended unless a documented home exercise program

has not been effective or if specialized equipment is required. The ODG addresses exercise for fibromyalgia and recommended progressive walking, simple strength training and stretching, which can all be performed at home. The medical record does not contain any description of the failure of a home exercise program and does not describe the need for any specialized equipment. A 1 year gym membership is not medical necessary.

**LYRICA 15MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20,99.

**Decision rationale:** CA MTUS guidelines describe the use of Lyrica for the management of fibromyalgia which is well documented in the medical records of the claimant. It is noted that the documented dose in the medical record is 50 mg daily and in fact no "15 mg Lyrica" dose exists. However, the use of Lyrica in standard dosing (such as the documented 50 mg daily dose) for fibromyalgia is medically indicated and necessary.