

Case Number:	CM14-0106767		
Date Assigned:	09/16/2014	Date of Injury:	12/22/2009
Decision Date:	10/21/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 Medicine, 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 records presented for review indicate that this 61-year-old female was reportedly injured on December 22, 2009. The most recent progress note, dated May 29, 2014, indicates that there were ongoing complaints of low back pain and left shoulder pain. The physical examination of the lumbar spine demonstrated tenderness of the lower lumbar paravertebral muscles. There was decreased lumbar spine range of motion and a positive straight leg raise test bilaterally. Diagnostic imaging studies of the lumbar spine revealed a spondylolisthesis of L4 on L5. Previous treatment includes a Right Shoulder Arthroscopy and Sub acromial Decompression x 2, as well as oral medications. A request had been made for a Renewal of a One Year Gym Membership and Norco 5/325 and was not medically necessary in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Renewal of One Year Gym Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, and Gym Membership

Decision rationale: According to the Official Disability Guidelines, a Gym Membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record, there is no documentation that home exercise program is ineffective or inadequate. Considering this, the request for a Gym Membership is not medically necessary.

Norco 5/325mg #30 two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco 5/325 is not considered medically necessary.