

<b>Case Number:</b>	CM14-0011935		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Occupational 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 patient is a 47-year-old male who has submitted a claim for history of right scapula fracture with ongoing pain, neuropathic burning pain, neuropathic burning pain of the right upper extremity, history of right rotator cuff tendinopathy with persistent shoulder pain, history of chest trauma with sensitivity over scar with possible neuroma, history of post-traumatic stress disorder with post-concussive headaches, and severe anxiety and depression associated with an industrial injury date of May 8, 2008. Medical records from 2013 were reviewed. The patient complained of right shoulder pain, rated 8/10 in severity. The pain was aggravated by cold weather. It was characterized as deep and throbbing. Physical examination showed tenderness over the right infraspinatus and supraspinatus areas and bicipital tendon. There was decreased range of motion of the right shoulder with circumduction. Hypertonicity was noted on the right trapezius and neck paraspinals. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, psychotherapy, cortisone injection on the shoulder, and activity modification. Utilization review, dated January 10, 2014, modified the request for Norco 10/325mg #120 to Norco 10/325mg #96 to facilitate weaning, and because the patient still has intractable pain and the minimal functional improvement was not enough to justify the continued use of narcotic. The request for 3 month gym membership was denied because guidelines do not recommend them and it states that treatment needs to be 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:

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since June 26, 2013. A progress report dated November 7, 2013 states that he has at least 50% reduction in his pain and 50% functional improvement. Urine drug screens were also appropriate. However, progress reports showed that the patient has generally a steady level of pain at 8-9/10. In addition, specific measures of functional improvement such as improvements in activities of daily living were not documented. Furthermore, official reports of the urine drug screens were not documented on the medical records submitted. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. The guideline criteria were not met. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

**THREE (3) MONTH 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 Membership.

**Decision rationale:** The CA MTUS does not address the topic of gym membership specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, gym membership was requested so that he could access the pool for water therapy again which he found to have at least 50% functional improvement. However, there is no discussion concerning a need for specialized equipment. Furthermore, there was no mention regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. The medical necessity for a

gym membership has not been established. Therefore, the request for THREE (3) MONTH GYM MEMBERSHIP is not medically necessary.