

<b>Case Number:</b>	CM14-0017610		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/23/2006
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 41-year-old male who reported a low back injury on 02/23/2006. The mechanism of injury was unclear within the documentation. Within the clinical note dated 01/30/2014 the injured worker complained of severe gastrointestinal upset secondary to Percocet and severe pain radiating down his lower extremities. The provider noted the injured worker discontinued using Ultracet due to lack of relief. The clinical note dated 11/04/2013 stated the injured worker was ten days early for his scheduled follow up due to his running out of Percocet as the injured worker was taking 5 Percocet per day. The clinical note prior to 11/04/2013 dated 09/12/2013 noted that Percocet was only prescribed to be taken at a maximum 3-4 times a day. The physician discussed the random drug screen done that was positive for cocaine and alcohol dated 01/14/2014. During the day the injured worker walked for 10 minutes twice per day at work and he reported he walked his dogs for 20 minutes per day after arriving home from work. The previous clinical notes indicated the only equipment the injured worker used at the gym was the treadmill and no further documentation was provided showing additional equipment was needed. The request for authorization was submitted 06/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX 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 ODG: GYM MEMBERSHIPS (LOW BACK CHAPTER).

**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 - LUMBAR & THORACIC, GYM MEMBERSHIP.

**Decision rationale:** The Official Disability Guidelines (ODG) do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, the treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. The provided documentation does not show the injured worker used equipment in the gym other than a treadmill. Additionally, the clinical notes reported that the injured worker was walking for a total of 40 minutes a day. It was unclear if the injured worker required additional equipment other than a treadmill as the injured worker was performing walking exercises at home. Furthermore, it is unclear if the injured worker was participating in a home exercise program with periodic assessment which had been revised and was ineffective. Hence, the request is non-certified.

**PERCOCET 10/325MG, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 79-80.

**Decision rationale:** The CA MTUS guidelines recommend discontinuing opioid usage if there is no overall improvement in function, unless there are extenuating circumstances, continuing pain with the evidence of intolerable adverse effects, if serious non-adherence is occurring, immediate discontinuation has been suggested for: evidence of illicit drugs and/or alcohol; intentional suicide attempt. Many physicians will allow one "slip" from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations. The injured worker has had displayed aberrant behavior with exceeding the prescription frequency. The last documented drug screen was positive for cocaine and alcohol, and it was unclear if the medication contract was discussed with the injured worker including the consequences for violation of the contract. In addition, it is unclear if the injured worker had significant functional gains with the medication and deficits without taking the medication and their quantified pain scales. Hence, the request is non-certified.

**PRILOSEC 20MG, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- PROTON PUMP INHIBITORS PAIN CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal (GI) symptoms & cardiovascular.

**Decision rationale:** The CA MTUS guidelines recommend proton pump inhibitors when there is concurrent use of large doses of non-steroidal anti-inflammatory drugs (NSAIDs), history of peptic ulcer, gastrointestinal bleeding, perforated intestine, or over the age of 65. The injured worker reported that there was a significant amount of gastrointestinal symptoms when the worker took analgesics which were relieved when taking a proton pump inhibitor. However, in the last documented clinical note the injured worker had ceased all medication by his own choice due to lack of efficacy. Hence, there is not a catalyst that would produce the gastrointestinal symptoms as previously documented. Thus, the request is non-certified.