

<b>Case Number:</b>	CM14-0018686		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Preventive 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:

According to the records made available for review, this is a 65-year-old male with a 3/2/04 date of injury. At the time (1/16/14) of request for authorization for Norco 2.5/325mg qty: 90.00 and gym membership with pool access 9 per month 0 qty:1.00, there is documentation of subjective (constant pain in the right arm and difficulty with the right hand due to prior stroke) and objective (ataxia of the right arm and right leg, spastic gait, difficulty performing heel-toe or tandem gait, positive Romberg sign, decreased sensation on the right side of the body, and flexed digits of the right hand (thalamic hand) findings, current diagnoses (intractable pain of the right side of the body due to thalamic lesion secondary to cerebral vascular accident, ataxic tremors of right arm, right plantar fasciitis, and dizziness due to vestibular dysfunction), and treatment to date (ongoing therapy with Norco). In addition, medical report identifies the patient was counseled as to the benefits and side-effects of medications; the patient fully understands these concepts and accepts the risks; the patient is to request refills from this office only; there is no documentation of abuse, diversion, or hoarding of the prescribed medication and no evidence of illicit drug use; and urine drug screen is done on a periodic basis to monitor compliance with treatment regimen. Furthermore, medical report plan identifies aquatic therapy exercises on a daily basis to be performed at a gym.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 2.5/325MG QTY:90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate 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 opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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. Within the medical information available for review, there is documentation of diagnoses of intractable pain of the right side of the body due to thalamic lesion secondary to cerebral vascular accident, ataxic tremors of right arm, right plantar fasciitis, and dizziness due to vestibular dysfunction. In addition, there is 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. However, given documentation of ongoing treatment with Norco, 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 as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 2.5/325mg, QTY: 90.00 is not medically necessary.

**GYM MEMBERSHIP WITH POOL ACCESS 9PER MONTH0 QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine and Gym Membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Gym Membership.

**Decision rationale:** Regarding pool therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Regarding a gym membership, MTUS reference to ACOEM 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 intractable pain of the right side of the body due to thalamic lesion secondary to cerebral vascular accident, ataxic tremors of right arm, right plantar fasciitis, and dizziness due to vestibular dysfunction. In addition, there is documentation of a plan identifying aquatic therapy exercises on a daily basis to be performed at a gym. However, there is no documentation of a condition/diagnoses where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, 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. Furthermore, there is no documentation of the duration and timeframe of the requested gym membership with pool access. Therefore, based on guidelines and a review of the evidence, the request for gym membership with pool access 9 per month, QTY: 1.00 is not medically necessary.