

<b>Case Number:</b>	CM14-0111262		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 41-year-old male was reportedly injured on 4/4/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/3/2014, indicated that there were ongoing complaints of low back and left knee pains. Physical examination demonstrated tenderness at lumbosacral junction and range of motion at 20 lumbar flexion, full extension and rotation bilaterally. Sensation was intact in lower extremities. There was decreased strength in left dorsiflexion, negative straight leg raise test bilaterally and negative clonus. Deep tendon reflexes were 1+ and equal at patellae and Achilles. MRI of the lumbar spine, dated 4/5/2013, demonstrated broad-based disk bulge with mild facet of hypertrophy at L5-S1 without significant spinal stenosis or neural foraminal stenosis in the lumbar spine. Previous treatment included left knee surgery in 2012, epidural steroid injections, physical therapy, chiropractic treatment, massage therapy and medications to include Flexeril, Voltaren Gel, Gabapentin, Naproxen, Pantoprazole and Tramadol/APAP. A request had been made for a 3 month gym membership, initial evaluation for the Northern California Functional Restoration Program, and Tramadol 150 mg ER #30, which was not certified in the utilization review on 6/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three month gym membership.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC: ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address gym memberships. The Official Disability Guidelines state a gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessments and revisions has been found to not be effective, and there is need for specific gym equipment. Additionally, such a program needs to be administered, attended and monitored by a healthcare professional. As there is no documentation in the attached medical records addressing these issues, the request for a gym membership is not considered medically necessary.

**Initial evaluation for the Northern California Functional Restoration Program.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Functional Restoration Program

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** Functional restoration programs (FRPs) combine multiple treatments to include, psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted and are required to meet selection criteria per MTUS guidelines. Review of the available medical records indicates that the claimant is unable to return to his previous employment, which involved lifting furniture, work around the house greater than 20 minutes, or walk greater than 2 blocks without pain; however, there is no objective documentation of neurological deficits on physical examination. An MRI lumbar spine showed a disk protrusion and facet arthropathy without significant stenosis. Lastly, arthroscopic knee surgery had been recommended. The request for FRP does not meet MTUS criteria and therefore is not considered medically necessary.

**One prescription for Tramadol 150mg ER, #30.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93,94.

**Decision rationale:** MTUS treatment guidelines support the use of Tramadol (Ultram) for treatment of moderate to severe pain after there has been evidence of failure of a first-line option

and documentation of improvement in pain and function with the medication. For patients already taking immediate release Tramadol, the guidelines recommend to calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (max dose 300 mg/day). The claimant complains of chronic low back and knee pain after a work-related injury in April 2012, but he reported that Tramadol/APAP (37.5/325 mg every 8 hours) was not helping his pain. The current request for Tramadol 150 mg ER does not meet criteria per the MTUS chronic pain treatment guidelines. As such, this request is not considered medically necessary.