

<b>Case Number:</b>	CM14-0123624		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Orthopedic Surgery 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 claimant was injured on June 5, 2008. The mechanism of injury was not documented. Available for review was one clinical assessment dated July 21, 2014 describing ongoing complaints of low back pain and chronic ankle strain and a strain to the thoracic spine. The claimant's physical examination showed positive straight leg raising with tenderness to palpation. It indicated current treatment to date has included Norco. There was no documentation in change in symptoms or conservative care. There was no indication of acute clinical findings. The progress report indicated prescription for a gym membership and continued use of Norco.

### 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 Page(s): 78,80,91,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Norco in this individual would not be indicated. The California The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring

of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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. MTUS states. Current clinical records indicate no significant change in the claimant's treatment for which the claimant is now six years from time of injury. There is no indication of acute physical examination finding or significant change in the claimant's clinical pain manifestation. At this subacute state from the claimant's injury, the acute use of short acting narcotic analgesics given the clinical information for review would not be supported.

### **Gym Memembership w Pool Acces x1yr: 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 Gym Membership.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Gym memberships Not recommended 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, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. For more information on recommended treatments, see Physical therapy (PT) & Exercise.

**Decision rationale:** California ACOEM Guidelines supported by Official Disability Guideline criteria would not support a gym membership. Typically gym membership are noted to be nonwork related or medical treatment but are more so utilized as a general wellbeing decision. At present, given the claimant's current documentation of treatment and recent clinical findings, there would be no acute indication for the use of gym or pool membership as a direct result of this individual's work related injury. The specific clinical request would not be supported.