

Case Number:	CM14-0174229		
Date Assigned:	10/24/2014	Date of Injury:	10/25/2002
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation 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:

This 58 year-old patient sustained an injury on 10/25/2002 while employed by [REDACTED]. Request(s) under consideration include Vicodin 5/300mg #60 and 1 year gym membership. Diagnoses include lumbosacral disc degeneration s/p L4-Sacral fusion; lumbar spinal stenosis and neurogenic claudication. Report of 3/20/14 from the provider noted the patient with unchanged low back pain taking Norco and Ultram to manage his pain. Exam showed normal gait, no spasm; negative SLR; pain over left L5-S1, restricted ROM of lumbar spine in all planes; with sensory/ motor/ reflexes normal. Medications were refilled with patient remaining P&S. Report of 8/28/14 from the provider noted the patient with left low back pain radiating into the knee and leg; improved with recent trigger point injections. Exam showed tenderness over left L5-S1; decreased lumbar range; positive left SLR; with intact DTRs, motor strength and sensation in lower extremities. The request(s) for Vicodin 5/300mg #60 was modified for #45 and 1 year gym membership was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 58 year-old patient sustained an injury on 10/25/2002 while employed by [REDACTED]. Request(s) under consideration include Vicodin 5/300mg #60 and 1 year gym membership. Diagnoses include lumbosacral disc degeneration s/p L4-Sacral fusion; lumbar spinal stenosis and neurogenic claudication. Report of 3/20/14 from the provider noted the patient with unchanged low back pain taking Norco and Ultram to manage his pain. Exam showed normal gait, no spasm; negative SLR; pain over left L5-S1, restricted ROM of lumbar spine in all planes; with sensory/ motor/ reflexes normal. Medications were refilled with patient remaining P&S. Report of 8/28/14 from the provider noted the patient with left low back pain radiating into the knee and leg; improved with recent trigger point injections. Exam showed tenderness over left L5-S1; decreased lumbar range; positive left SLR; with intact DTRs, motor strength and sensation in lower extremities. The request(s) for Vicodin 5/300mg #60 was modified for #45 and 1 year gym membership was non-certified on 9/30/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Vicodin 5/300mg #60 is not medically necessary and appropriate.

1 year 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 & Thoracic (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise
Page(s): 46-47.

Decision rationale: This 58 year-old patient sustained an injury on 10/25/2002 while employed by [REDACTED]. Request(s) under consideration include Vicodin 5/300mg #60 and 1 year gym membership. Diagnoses include lumbosacral disc degeneration s/p L4-Sacral fusion; lumbar spinal stenosis and neurogenic claudication. Report of 3/20/14 from the provider noted the patient with unchanged low back pain taking Norco and Ultram to manage his pain. Exam showed normal gait, no spasm; negative SLR; pain over left L5-S1, restricted ROM of lumbar

spine in all planes; with sensory/ motor/ reflexes normal. Medications were refilled with patient remaining P&S. Report of 8/28/14 from the provider noted the patient with left low back pain radiating into the knee and leg; improved with recent trigger point injections. Exam showed tenderness over left L5-S1; decreased lumbar range; positive left SLR; with intact DTRs, motor strength and sensation in lower extremities. The request(s) for Vicodin 5/300mg #60 was modified for #45 and 1 year gym membership was non-certified on 9/30/14. It can be expected that the patient had been instructed in an independent home exercise program to supplement the formal physical therapy the patient had received and to continue with strengthening post discharge from PT. Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The 1 year gym membership is not medically necessary and appropriate.