

<b>Case Number:</b>	CM14-0023056		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/01/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational 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:

The claimant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, low back, arm, and elbow pain reportedly associated with an industrial injury of July 1, 2007. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; a TENS unit and associated supplies; and opioid therapy. In a Utilization Review Report dated February 13, 2014, the claims administrator partially certified a request for Norco, stating that the attending provider should follow up on the claimant more frequently; approved TENS unit electrode pads; and denied a gym membership. An April 23, 2014 progress note is notable for comments that the claimant received a refill of Norco. The claimant was described as "disabled." The claimant was also described as reporting 6-7/10 pain. There is no discussion of medication efficacy raised. The patient is using Norco, Cialis, and Bethanechol. It was stated that the claimant was trying to close out his Workers' Compensation Claim. The patient had recently begun swimming. In an earlier note dated March 14, 2014, the claimant was again described as "disabled." The claimant reported 6-7/10 pain. Limited lumbar range of motion and an antalgic gait were noted. Norco was renewed on this date, along with Cialis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO 7.5/325MG, #90 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, the applicant is off of work. The applicant has been deemed disabled. There is no evidence of any improvements in pain or function achieved as a result of ongoing opioid Norco usage. Therefore, the request for Norco 7.5/325 mg, # 90 with two refills is not medically necessary and appropriate.

**ONE 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** According to the MTUS/ACOEM Guidelines in Chapter 5, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, to be a matter of applicant responsibility as opposed to a matter of payer responsibility. In this case, there is no compelling applicant-specific information or rationale attached to the request for authorization or application for Independent Medical Review so as to offset the unfavorable ACOEM recommendation. Therefore, the request for one year gym membership is not medically necessary and appropriate.