MAXIMUS Federal Services

| Case Number: | CM14-0023318 | | |
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| Date Assigned: | 06/04/2014 | Date of Injury: | 06/08/2010 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 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 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 injured worker is a 55-year-old female injured on 06/08/2010 while involved in an altercation with a injured worker, she fell, striking her head and back against a bathtub that resulting in injuries to her upper back, left shoulder, and head. Diagnoses include cervical spine sprain, thoracic spine sprain, lumbar spine and right sacroiliac joint sprain with right leg radiculitis, left shoulder impingement syndrome, bilateral upper extremity/forearm/wrist tenosynovitis, de Quervain's tenosynovitis, medial/lateral epicondylitis, carpal tunnel syndrome/cubital tunnel syndrome, crush injury to the tip of the left index finger, anxiety/depression secondary to traumatic injuries, and right shoulder impingement syndrome with sprain/strain. Clinical note dated 01/03/14 indicated the injured worker presented with complaints of bilateral shoulder and low back pain. The injured worker reported the shoulder pain increased with pushing, pulling, and overhead work. She reported the lumbar spine pain increased with bending forward and radiated down the left calf. She also reported associated constipation. Physical examination revealed tenderness to palpation over the left supraspinatus tendon and periscapular musculature, impingement test positive, cross arm test positive, crepitus positive, decreased range of motion, and muscle strength 4/5 in all planes. The injured worker reported pain level at 2/10 with medications and 7/10 without medications. Injured worker reports medications increase activities of daily living. Plan of care includes continue home exercise program and electrical muscle stimulation unit. Current medications include Norco 10/325 mg 2-3 once daily, Motrin 800 mg as needed, Prilosec 20 mg once daily, and Fexmid 7.5 mg once daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**GYM MEMBERSHIP FOR 6 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

**Decision rationale:** As noted in the Official Disability Guidelines (ODG), gym memberships are 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. As such, the request for gym membership for 6 months is not recommended as medically necessary.

**FEXMID 7.5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Fexmid 7.5 Mg, tablets QTY: 60.00 cannot be established at this time.

**NORCO 10/325 MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker reports significant decreases in pain scores with the use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325 mg, tablets QTY: 120.00 is recommended as medically necessary at this time.