

<b>Case Number:</b>	CM14-0026524		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

The patient is a 46 year old male with an injury date of 12/11/2000. Based on the 01/20/14 progress report provided by [REDACTED] the patient complains of back pain radiating from low back down to both legs. On palpation of paravertebral muscles, spasm is noted on both sides. Straight leg raising test is positive on both sides. Tenderness noted over the posterior iliac spine on both sides. The patient's diagnoses include the following: Lumbar radiculopathy; Post lumbar laminect syndrome; Spasm of muscle; Spinal/lumbar degenerative disc disease; Low back pain; Toxic effect of Tobacco. The patient had a colonoscopy on 01/10/14. [REDACTED] is requesting 1 prescription of methadone 10 mg #240 and 1 gym membership with pool for aquatherapy. The utilization review determination being challenged is dated 02/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/28/13- 05/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF METHADONE 10 MG #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61; 78-89.

**Decision rationale:** The patient has been taking Methadone since the earliest progress report and the toxicology reports shows that the patient has been consistent with his medications. The MTUS Chronic Pain Guidelines require adequate documentation of pain, function and quality of life when opioids are used on a chronic basis. Furthermore, the MTUS Chronic Pain Guidelines requires functioning documentation using a numerical scale or a validated instrument at least once every six months. There was no numerical scale reporting of the pain, function or other issues in this patient's reports. The MTUS Chronic Pain Guidelines also require under outcome measure, current pain; average pain; least pain; duration of relief from medication, etc. In this patient, none of these documentations were provided. As such, the request is not medically necessary and appropriate.

**1 GYM MEMBERSHIP WITH POOL FOR AQUATHERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ODG state that it is not recommended as a medical prescription "unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment." In this case, the treater would like the patient to do pool exercises for which a gym membership is requested. However, the guidelines do not indicate that one type of exercise is any superior to another and there is no reason why the patient is unable to do land-based exercises at home. Recommendation is for denial. As such, the request is not medically necessary and appropriate.