MAXIMUS Federal Services

Case Number:	CM14-0065749		
Date Assigned:	07/11/2014	Date of Injury:	07/14/1989
Decision Date:	09/16/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 48 year old male who fell at work on 07/14/1989 while trying to grab a 45 pound drum that had rolled away. The injured worker complained of 8-9/10 pain in his back and leg. The pain prevents him from working, though he was doing the recommended exercises and had lost about 20 pounds. He goes to the [redacted] when he is able to afford it and when he has means of transportation. He had been referred to wound clinic for evaluation, orthotics, X-ray and blood tests. He had been treated with Aqua therapy at the [redacted]. He is reported to have positive Straight leg raise. There were requests for MRI in the documents reviewed but no MRI reports. Although the document showed a referral for Physical therapy, other documents revealed he was unable to do Physical therapy. Medications include Soma, Klonopin, Oxycodone, 04/11/13. He had physical therapy 4 times a week, for an unspecified number of times. Also, he received treatment for spinal MERSA with intravenous Vancomycin. Diagnosis Lumbago, Thoracic or Lumbosacral neuritis unspecified, spinal stenosis Lumbar region without neurogenic claudication, and depressive disorder not elsewhere classified, Status post Discectomy /Fusion 1991. In dispute is the request for (1) Year [redacted] Gym Membership, Oxycodone 30mg take 1-2 every 4 hrs not to exceed 8/day #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Year [redacted] Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back (updated 03/31/14) Gym Memberships.

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

Decision rationale: The Official Disability Guideline recommends against Gym membership unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The report reviewed showed the injured worker could not do the physical therapy; therefore, it is doubtful he would be able to participate in the gym where he is likely going to be unsupervised. When Gym membership is recommended, the ODG recommends it be monitored 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, otherwise, there is no information flow to the provider if it is not supervised by a medial personal. Also, there is of further injury to the patient if unsupervised. Finally, Gym memberships, health clubs, swimming pools, athletic clubs, are not considered medical treatment, and are therefore not covered under these guidelines.

Oxycodone 30mg take 1-2 every 4 hrs. not to exceed 8/day #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: The MTUS recommends not more than 120mg of Morphine or its equivalent in a day. Therefore Oxycodone is equivalent to 1.5 Morphine, the 8 tablets of Oxycodone 30 mg the injured worker is allowed by the prescriber is equivalent to 360 mg of morphine in a day. This value by far exceeds the dose of morphine recommended by the MTUS in a single day. Furthermore, the MTUS criteria for long term use of opioids include documentation of pain and functional improvement; satisfactory response to treatment indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records reviewed do not indicate the injured worker has made any improvement since he started using this medication more than a year ago.