

Case Number:	CM14-0078596		
Date Assigned:	07/18/2014	Date of Injury:	03/01/2008
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Interventional Spine 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 50-year-old male with an injury date of 03/01/2008. Based on the 04/29/2014 progress report provided by [REDACTED], the patient complains of right shoulder pain and left elbow pain. There is tenderness upon palpation of the right shoulder and the left elbow. Both the right elbow and the left elbow ranges of motion are restricted by pain in all directions. The patient is currently taking oxycodone and Prilosec. The patient's diagnoses include the following: 1. Right shoulder internal derangement. 2. Status post right shoulder surgery for right shoulder labral tear and right supraspinatus tear. 3. Left elbow internal derangement. 4. Status post left elbow surgery. 5. Gastritis. 6. GERD. [REDACTED] is requesting for the following: 1. Norco 10/325 mg quantity #120. 2. One-year gym membership with pool. The utilization review determination being challenged is dated 05/14/2014. [REDACTED] is the requesting provider and he provided treatment reports from 01/23/2014 - 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Page(s): 60, 61, 88, 89.

Decision rationale: According to the 04/29/2014 progress report by [REDACTED], the patient complains of having shoulder pain and left elbow pain. The request is for Norco 10/325 mg quantity of 120. The patient has been taking Norco since 02/11/2014. None of the reports indicate how Norco has impacted the patient. For chronic opiate use, the MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, and documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, is also required. None of the reports provided give any discussion regarding any functional improvement specific to Norco use. Nor do any of the reports discuss any significant changes in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now be weaned off as outlined in MTUS Guidelines. Recommendation is for denial.

One Year Gym Membership with pool: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299,Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG regarding gym membership (shoulder). See also the Low Back Chapter.

Decision rationale: According to the 04/29/2014 progress report provided by [REDACTED], the patient presents with right shoulder pain and left elbow pain. The request is for a 1-year gym membership with pool. The treater requests for a gym membership with a pool for conditioning and weight loss. The treater does not provide any rationale as to why the exercise cannot be performed at home, what special needs there are for a gym membership, and how the patient is to be supervised during the exercise. MTUS and ACOEM Guidelines are silent regarding gym membership, but the ODG Guidelines 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, there are no discussions regarding a need for a special equipment and failure of home exercise as well as why a gym membership is needed to complete the needed exercise. Recommendation is for denial.