

Case Number:	CM14-0081241		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2005
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 applicant is an employee of [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2005. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, opioid therapy, muscle relaxants, earlier lumbar fusion surgery and topical agents. In a Utilization Review Report dated May 21, 2014, the claims administrator approved a request for multilevel medial branch blocks, denied a gym membership, denied Ultram, and denied Voltaren gel. The applicant's attorney subsequently appealed. In a progress note dated May 1, 2013, the applicant presented with multifocal pain complaints, including headaches, arm pain, leg pain, neck pain, shoulder pain, low back pain, mid back pain, groin pain, and abdominal pain. The applicant's pain ranged from 6/10 with medications to 8/10 without medications. The applicant was using a cane. The applicant was reportedly resting or reclined in a chair 50% to 75% of the day. It was further noted that the applicant had issues with mood disturbance. Prescriptions for Norco and Duragesic were endorsed. The applicant apparently had a urine drug screen which was positive for marijuana. This was the applicant's reportedly second positive marijuana test. The applicant was asked to find another provider to transfer care to. In an April 30, 2014 handwritten note, the applicant was described as having some flare of low back pain. The applicant had apparently presented to obtain prescriptions for Norco. Prescriptions for tramadol and a gym membership were sought. Radiofrequency ablation procedures were endorsed. Work restrictions were also endorsed. It did not appear that the applicant was working with said limitations in place. The attending provider did state that the applicant had overused his supply of Norco and was therefore being given Ultram in the interim. The applicant did have issues with knee arthritis status post total knee replacement. Voltaren gel

was also apparently introduced for the first time. The applicant collectively reported 8/10 low back and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): Treatment.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume responsibilities, one of which includes adhering to and/or maintaining exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, per ACOEM, an article of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79,80,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested for applicants who use illicit drugs. In this case, it appears that the applicant has used at least one illicit drug, marijuana, and at least two times in the past. The applicant's current treating provider has not attempted to reconcile the applicant's previous usage of marijuana with continued prescriptions for opioids. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggests employing the lowest possible dose of opioids to improve pain and function. In this case, the applicant is using two separate short-acting opioids, Norco and tramadol. Per the attending provider, the applicant was apparently misusing Norco by overusing it. All of the above, taken together, suggest that introduction and/or ongoing usage of Ultram does not appear to be appropriate. Therefore, the request was not medically necessary.

Voltaren Gel #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of osteoarthritis in small joints which

lend themselves to topical application. In this case, the applicant's primary pain generator is knee arthritis. Provision of Voltaren gel is indicated to combat the same, particularly light of the applicant's issues with misuse of opioids and usage of illicit substances. Therefore, the request for Voltaren gel is medically necessary.