

Case Number:	CM14-0099787		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2003
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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:

This case involves a 59 year-old man who has a date of injury of March 14, 2003. He complained of moderate to severe low back pain with radiation into his leg and noted tenderness. The injured worker had an MRI on September 14, 2013 which showed Grade I to II spondylolisthesis at the L5-S1 level, moderate discogenic/facet disease of L4-5/L5-S1, stenosis at the L3-4/L4-5 levels, and lumbar herniated disc at L3-4, L4-5 and L5-S1. He was treated with physical therapy, Norco and Hydrocodone. He was declared permanent and stationary and was suitable for sedentary work only. His musculoskeletal complaints are compounded by symptoms of stress and a diagnosis of depression, which are under psychiatric treatment. His diagnoses include displacement of lumbar intervertebral disc without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, and spinal stenosis of the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year 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 Index, 12th Edition (web), 2014, Low back - 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) Low back, Gym Membership.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address gym memberships. Per Official Disability Guidelines, 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 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. With unsupervised programs, there is no information flow back to the treating physician, so he or she can make changes in the prescription. In addition, there may be risk of further injury to the injured worker. A gym membership would not generally be considered medical treatment and are therefore not covered under these guidelines. This injured worker has had physical therapy; however, there is no documentation of the improvement of functionality after the physical therapy visits. Furthermore, it is unclear if the injured worker is performing home exercises and what the outcome has been. Therefore, this request is not medically necessary.

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 75 Opioids, specific drug list, page 91 Page(s): 75, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hydrocodone/ Acetaminophen (e.g., Vicodin®, Lortab®).

Decision rationale: Norco is supported as opioid use for moderate to severe nociceptive chronic pain, with proof of measurable efficacy through subjective or functional benefit, such as decrease in pain level. Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines state that a risk assessment profile, goals, pain contract, and attempt at weaning should be on record. These are unavailable in this injured worker. Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines state that the lowest possible dose should be used, side effects should be documented, urine drug screens should be performed and there should be continuous review of improved functionality and relief of pain. These are unavailable in this injured worker, including a recent urine drug screen for illegal drugs. Medical documentation does not support this request because of lack of proof of efficacy and lack of documentation. Therefore, medical necessity is not shown and the request is non-certified.