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| Case Number: | CM14-0192435 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 09/15/2000 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 11/08/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 15, 2000. In a Utilization Review Report dated November 8, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes, while denying a three-month gym membership outright. The claims administrator referenced an October 31, 2014 office visit in its Utilization Review Report. In an October 31, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was severely obese, with a BMI of 36. The applicant had retired from his former employment as a construction worker at age 59, it was acknowledged. The applicant's medication list included Norco, Motrin, Prilosec, and ThermaCare heat wraps. A gym membership and pain medications were renewed. A rather proscriptive 10-pound lifting limitation was also renewed. The applicant was not working with said limitations in place, it was acknowledged. The attending provider suggested that a three-month gym membership would afford the applicant with an ability to use a whirlpool. On September 9, 2014, the applicant again reported ongoing complaints of low back pain radiating to the left leg. It was stated that Norco attenuated the applicant's pain complaints to some extent. This was not expounded upon, however. The applicant was again described as obese, with a BMI of 34.4. The applicant had ancillary complaints of poor hearing. The applicant's medication list included Norco, Motrin, Ambien, Prilosec, and a topical cream. A permanent 10-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Hydrocodone/APAP 7.5mg/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco ; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, either as a function of age-related retirement at 59 or a function of the industrial injury. While the attending provider stated on in a September 2014 progress note, referenced above, that the applicant's pain medications were helping, this was not elaborated or expounded upon. This was not quantified. The attending provider likewise failed to outline any material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

3 month 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, pain (Acute & Chronic): regarding Gym membership

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. By implication, then, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines take the position that gym memberships, maintaining appropriate levels of activity, performing home exercises, etc., are an article of applicant responsibility as opposed to an article of payer responsibility. This position is echoed by the MTUS Guideline in ACOEM Chapter 5, page 83, which likewise notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership/exercise regimen at issue, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Finally, the attending provider stated that he intended the applicant to receive a gym membership for the purposes of receiving whirlpool therapy/access to a Jacuzzi. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines states, however, that passive modalities such as whirlpool therapy and/or Jacuzzi therapy should be employed "sparingly" during the chronic pain phase of the claim. The request, thus, as written, is at odds with MTUS principles and parameters. The attending provider has not clearly outlined why, how, and/or if the applicant is in fact unable to perform home exercises

independently and/or why the gym membership is needed to facilitate performance of exercises here. Therefore, the request is not medically necessary.