

<b>Case Number:</b>	CM14-0205099		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 shoulder, wrist, hand, knee, and low back pain reportedly associated with an industrial injury of January 5, 2012. In a Utilization Review Report dated November 26, 2014, the claims administrator approved Norco while denying Sonata and a gym membership. An RFA form dated November 6, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In an earlier note dated January 22, 2014, the applicant was placed off of work, on total temporary disability, owing to heightened complaints of neck pain, shoulder pain, and upper extremity pain. The applicant is using Norco and Fexmid for pain relief. On April 10, 2014, the applicant was, once again, placed off of work, on total temporary disability. The applicant is using Norco and Fexmid for pain relief at this point in time. On May 27, 2014, a TENS unit, heating pad, medial branch blocks, and/or sacroiliac joint injection were reportedly considered by a pain management consultant. The applicant remained off of work on an office visit dated June 4, 2014 and August 6, 2014. On November 6, 2014, the applicant was asked to employ Norco and Fexmid for pain relief. Lifetime gym membership with pool access was sought. Sonata was endorsed for sleep disturbance purposes. A second epidural steroid injection was also sought. Once again, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back, shoulder, wrist, elbow, knee, and hip pain. The applicant's gait was not described on November 6, 2014 office visit, as with several preceding office visits. On December 16, 2014, the applicant did exhibit an antalgic gait reportedly requiring usage of a walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym lifetime membership with pool access QTY#1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Physical Medicine, Aquatic Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Spine, Gym Memberships

**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, Exercise Page(s): 98, 46, 47.

**Decision rationale:** Pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that there is no recommendation to favor any one particular form of exercise over another. Similarly, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines takes the position that applicants are expected to continue active therapies at home as an extension of the treatment process, while ACOEM Chapter 5, page 83, likewise states that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimen. Finally, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. The lifetime gym membership at issue, thus, runs counter to the philosophy espoused on page 83 of the MTUS Chronic Pain Medical Treatment Guidelines as it does not contain any provision to reevaluate the applicant following introduction of gym membership to ensure functional improvement effected through the same and/or to ensure that the applicant is in fact using the same and deriving appropriate improvement through such usages. The gym membership likewise runs counter to the philosophies espoused on both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 83 of the ACOEM Practice Guidelines, both of which seemingly adopt the position that applicants are expected to continue active therapies and active treatments at home as an extension of the treatment process in an effort to maintain functional recovery. Both ACOEM and MTUS Chronic Pain Medical Treatment Guidelines, thus, seemingly adopt the position that performing home exercises is an article of applicant responsibility. For all the stated reasons, then, the request, thus, as written, runs counter to several MTUS principles and parameters. Therefore, the request is not medically necessary.

**Sonata 10mg QTY#30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sonata Medication Guide

**Decision rationale:** The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that Sonata is indicated in the short-term treatment of insomnia, for up to 30 days. Here, the request in question does represent first-time request for Sonata. The 30-tablet supply issue does represent a one-month supply of the same. Introduction of the same was indicated on or around the date in question, November 6, 2014, given applicant's apparent issues with insomnia reported on that date. Therefore, the request was medically necessary.