MAXIMUS Federal Services

Case Number:	CM14-0205725		
Date Assigned:	12/17/2014	Date of Injury:	02/06/2004
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 71 year-old male with a date of injury of February 6, 2004. The patient's industrially related diagnoses include left shoulder SLAP lesions, left shoulder rotator cuff tendinosis, left shoulder bursitis, left AC joint osteoarthritis, left knee anterior form lateral meniscus tear, left knee posterior horn medial meniscal tear, left knee degenerative joint disease, right knee status post total knee arthroplasty, and bilateral ankle tendonitis. The injured worker completed 18 sessions of chiropractic care, 18 sessions of acupuncture, and 8 visits of pool therapy. He had a MBB at bilateral L3-4, L5-S1 on 9/8/10, rhizotomy at L3-4 on 5/23/11, transforaminal epidural at right L5 and S1 on 5/15/2013, and rhizotomy at L3, L4, and L5 on 10/16/2013. He reported that acupuncture, physical therapy, injections, and chiropractic treatment increased his pain. The disputed issues are a 3 month trial gym membership and Tylenol no. 3 # 120. A utilization review determination on 11/18/2014 had non-certified these requests. The stated rationale for the denial of the gym membership was: "The provider is requesting a gym membership so that the patient can utilize the pool for exercise. Review of the submitted documents indicates the patient did numerous pool therapy sessions that 'helps somewhat'. Guidelines do not recommend gym memberships unless a documented home exercise program has not been effective. Prior progress reports referenced a home exercise program with stretching routing; however, it is unclear whether this was effective for the patient. Guidelines recommend treatment be monitored and administered by medical professionals. Gym memberships would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on this discussion, the request for one 3 month trial gym membership is non-certified." The stated rationale for the denial of Tylenol #3 was: "Subjective and objective findings fail to express continued improved functioning and pain. Prior reviews have recommended tapering the patient off opioids. Additionally, the patient's most recent urine

analysis was inconsistent with the patient's medication regimen. Based on this discussion, the request for 1 prescription of Tylenol No.3 #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month trial 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Memberships.

Decision rationale: Regarding the request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states that 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there was no indication that the injured worker has failed a home exercise program with periodic assessment and revision. Additionally, there was no indication that the physician will be overseeing the gym pool exercise. In light of these issues, the currently requested gym membership trial for 3 months is not medically necessary.

Tylenol no. 3 # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Tylenol #3 (codeine/APAP), Chronic Pain Medical Treatment Guidelines state that Tylenol #3 is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 10/28/2014, Tylenol #3 #120 was prescribed instead of Norco 7.5/325mg until the lab results for the UA analysis done in the office were available. According to the documentation, the urine drug screen in the office was positive for

benzodiazepine which was not prescribed. However, there was no indication that the opiate pain medication (Norco 7.5/325mg) previously prescribed was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Furthermore, there was no rationale provided as to why a month supply of another opiate pain medication (Tylenol #3 #120) was prescribed when the treating physician suspected possible aberrant behavior based on the urine specimen results in the office. In light of the above issues, the currently requested Tylenol #3 #120 Q6-8H is not medically necessary.