MAXIMUS Federal Services

Case Number:	CM14-0207463		
Date Assigned:	12/19/2014	Date of Injury:	12/03/2003
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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 Interventional Spine 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 patient is a 40 year old female with the injury date of 12/03/03. Per physician's report 11/13/14, the patient has pain in her neck, right shoulder, right arm and lower back, at 6-7/10 with medication and 10/10 without medication. The patient weighs 208 lbs and his BMI is 30.8. The patient had aqua therapy with help. "Medications have provided functional improvement. Without medication the patient is unable to sleep, or unable to care for home as far as housework, light gardening and yard work. The patient is unable to use her hand without medication." There is no adverse reaction. Urine toxicology is clear through June. The patient is currently taking Amitriptyline, Atenolol, Cymbalta, Deplin, Diltiazen, Lidoderm 5% patch, Lisinopril, Norco, Vimovo, Xanax and Zoppidem. The lists of diagnoses are:1) Causalgia of upper limb2) Depressive disorder not elsewhere classified3) Insomnia unspecified4) Long-term (Current) use of other medicationsUrine drug screen on 11/14/14 has consistent result. Per 09/15/14 progress report, the patient has more pain in her right arm and back at 5/10 with medications and 9/10 without medications. The patient had Toradol/ Phenergan injections for headaches. The patient is working with no forceful gripping or working on the right. Per 08/18/14 progress report, the patient has the same pain. The patient states that "overall she continues to manage well with her medications and without she is significantly limited." The utilization review determination being challenged is dated on 12/03/14. Treatment reports were provided from 07/16/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with pain in her neck, right shoulder and lower back. The request is for Norco 10/325mg #150. The patient has been utilizing Norco since at least 07/06/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider provided urine drug screening reports for opiate management. The provider provided specific ADL's and before/ after pain scales showing significant functional improvement with analgesia. The patient is tolerating medications without significant side effects. All four A's appear to be documented as required by MTUS. The request is medically necessary.

Gym memberships: 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)

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 Chapter, Gym Memberships

Decision rationale: The patient presents with pain in her neck, right shoulder and lower back. The request is for Gym Membership. The provider does not explain why exercise cannot be performed at home, what special needs there are for a gym membership, how long the patient needs for a gym membership, and how the patient is being supervised during exercise. MTUS and ACOEM guidelines are silent regarding gym membership. Official Disability Guidelines does not recommend it 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. In this case, there are no such discussion regarding special equipment need, why the patient is unable to exercise at home and how medical supervision will be provided. The request is not medically necessary.