

<b>Case Number:</b>	CM15-0001585		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/20/1980
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 4/20/1980. Per primary treating physician's progress report dated 10/21/2014, the injured worker complained of continued low back pain. He indicated he had relief when going to the gym. He also noted having previously obtained approximately 60% relief for four months for his back pain with a lumbar epidural steroid injection. He expressed a desire to lose the weight he had gained since his initial injury. Exam of the lumbar spine revealed the presence of spasming as well as painful and limited range of motion. Trigger points were noted bilaterally over the lumbar paraspinal musculature. Bilateral straight leg raise testing and bilateral Lasegue testing were positive. Radiculopathy was noted to be bilateral in an L5 and S1 distribution. Diagnoses included 1) cervicogenic pain 2) cervical facet disease 3) cervical neck pain 4) lumbar discogenic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that conservative treatment and pain management has failed. There is a lack of information that indicates that injured worker has had significant pain reduction and objective functional improvement with the use of Norco. The medical necessity for continued use of Norco has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Prior requests have been modified to allow for weaning; however the injured worker has continued to be treated with Norco. The request for Norco 10/325mg Qty 120 is determined to not be medically necessary.

**1 Year Gym Membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership. 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 Low Back chapter, Gym Membership section

**Decision rationale:** The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker has a home exercise program already, which appears to be reviewed and encouraged regularly. There may be poor participation by the injured worker, but there is no evidence that having a gym membership improves participation. There is also no indication that the exercises that the injured worker needs to perform require special equipment that may necessitate a gym membership. The request for 1 Year Gym Membership is determined to not be medically necessary.