

<b>Case Number:</b>	CM15-0008000		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 5/12/2003. The diagnoses have included sprain of neck, brachial neuritis or radiculitis, sprain shoulder/arm, rotator cuff syndrome and sprain/strain of wrist/hand. Treatment to date has included therapy and pain medications. According to the Primary Treating Physician's Progress Report from 12/3/2014, the injured worker complained of pain in the neck, right shoulder and right wrist. She used a wrist brace. Pain level was 4-8/10. Physical exam revealed tenderness to palpation at the right shoulder and cervical spine. The injured worker was advised to exercise regularly. Norco dose was to be decreased. The injured worker was not currently working. Current medications included Norco 10/325mg and Motrin 800mg. The progress note documented that the injured worker's pain with medications was 4-5/10 and pain level without medications was 8/10. Functional benefits of medications included able to perform activities of daily living and improved sleep pattern. Urine drug screen results demonstrated compliance with medications. Authorization was requested for a six month gym membership and Norco 7.5/325mg. Goals were to decrease use of opiates, increase motion/strength/endurance and increase tolerance for activities of daily living. On 12/18/2014, Utilization Review (UR) non-certified a request for a gym program membership for six months, noting that there was no documentation that she was unable to perform simple walking and stretching at home. UR non-certified a request for Norco 7.5/325mg, one every day, quantity 30, noting that the ongoing opioid use had not resulted in functional improvement. The MTUS was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gym Program Membership for six months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT))

**Decision rationale:** According to MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." According to ODG guidelines, Gym memberships "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. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. 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 risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." The request does not address who will be monitoring the patient Gym attendance and functional improvement. In addition, there is no clear documentation of the failure of supervised home exercise program or the need for specific equipment that is only available in Gym. Therefore, the request for 6 month Gym MEMBESHIP is not medically necessary.

### **Norco 7.5/325mg, quantity: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral

analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 7.5/325mg #30 is not medically necessary.