

<b>Case Number:</b>	CM15-0136224		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/25/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 55 year old male who sustained an industrial injury on 05/25/2008. He reported falling at work and injuring his low back. The injured worker was diagnosed as having myalgia and myositis, unspecified, and low back pain. Treatment to date has included Lumbar fusion at L3-4, L4-5, and L5-S1 (April 2009), medications, physical therapy, and pain management. His treatment included a functional restoration program (04/15/2010), visits with a psychiatrist (initiated 10/17/2011), an alcohol rehabilitation program (05/25/2012), and diagnostic x-rays and MRI of the lumbar spine. The MRI showed significant stenosis at l2-3 proximal to his prior surgery, and changes that will require surgery (chart notes 03/04/2015) and Currently, the injured worker complains of chronic pain in the low back for which he takes Ibuprofen and Norco. He reports analgesia from medication consumption, increased activities of daily living from medication, and denies adverse effects of the medications. The worker shows no evidence of aberrant behavior. He has seen a spine surgeon (02/18/2015), and been advised to increase his activity in preparation for surgery and try to lose weight with his history of diabetes. He has been advised to lose some weight prior to having back surgery to avoid issues in the recovery process. The treatment plan is to have a gym program where the worker can get into a pool to augment his physical activity on land. His pain medications are continued. A request for authorization is made for the following: 1. Gym membership (in months) QTY: 3; 2. Ibuprofen 600mg #90; 3. Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership (in months) QTY: 3: 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, and Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale as to why this patient would require a gym membership or specialized equipment rather than an independent home rehab program. This request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75, 78-80, 132.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.