

Case Number:	CM15-0136991		
Date Assigned:	07/27/2015	Date of Injury:	06/14/1989
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 69 year old male who sustained an industrial injury on 6-14-1989. He has reported low back pains, severe muscle wasting, and severe foot drop bilaterally and has been diagnosed with lumbar degenerative disease and osteoarthritis of the right ankle. Treatment has included medication. He had weakness to both legs. He had more back pains. He had severe weakness with dorsiflexion, grade 1 out of 5. He had no patella and Achilles reflexes. The treatment plan included aqua therapy and pain control program. The treatment request included hydrocodone 7.5-325 mg and a pain control program with YMCA 1 year membership while tapering program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg with 2 per day, 6 weeks interval visits: 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), Knee & Leg, Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80.

Decision rationale: CA MTUS guidelines support the use of chronic opioids in cases of moderate to severe pain where pain relief, functional improvement and return to work is accomplished. Opioids should be used at the lowest dose for the shortest period of time. In this case, the patients date of injury was 26 years ago. There is no documentation of significant pain relief, functional improvement or return to work present in the medical records submitted for review. There is no evidence of monitoring of use of opioids. Therefore, the request is deemed not medically necessary or appropriate.

Pain Control Program with YMCA 1 year membership while tapering program: 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), Knee & Leg, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg (gym memberships).

Decision rationale: ODG guidelines state that gym membership is not recommended as a medical prescription unless a home exercise program has been ineffective and there is a need for equipment. Treatment needs to be monitored and administered by a medical profession, not generally available at a YMCA. In this case, there is no evidence that a home exercise program has failed or that specialized equipment is needed. No rationale is given as to why a YMCA membership would benefit the patient more than supervise physical therapy or a home exercise program. Therefore the request is deemed not medically necessary or appropriate.