

<b>Case Number:</b>	CM15-0149371		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male who sustained an industrial injury on 01-06-2003. Mechanism of injury was a slip and fall. Diagnoses include history of right temporal bone fracture, right total sensorineural hearing loss, tinnitus, vestibular concussion, post traumatic headaches, shoulder joint pain, and cervical syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, and a [REDACTED] gym membership. He is not working. On 03-27-2015 and Magnetic Resonance Imaging of the cervical spine showed moderate disc desiccation of C5-C6 with a 3mm central broad based disc protrusion and mild facet arthrosis which are causing moderate central canal stenosis as well as mild neural foraminal stenosis bilaterally, and mild disc desiccation of C6-C7 with a 2mm central broad-based disc bulge and mild facet arthrosis which is causing mild neural foraminal stenosis bilaterally. His current medications include Methadone, Lidoderm patches, Topamax and Baclofen. A physician progress note dated 07-09-2015 documents the injured worker complains of constant pain in the base of his skull, which radiates to the top of his head and to his shoulders. He also has numbness and tingling bilaterally in the occipital region left worse than the right. He rates his pain as 4 out of 10, which is down from 9 out of 10. His pain is better when using the Transcutaneous Electrical Nerve Stimulation unit, and his [REDACTED] membership and workout made him more active and increased his motivation. The treatment plan includes Baclofen 10mg #90 with 2 refills, Ibuprofen 800mg #30, Lidoderm 5% #60 with 3 refills, Senna 8.6mg #60, and a TENS unit. Treatment requested is for Gym membership to [REDACTED], and Methadone 5mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Methadone 5mg #60, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain specifically attributable to the methadone (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Methadone 5mg #60 is not medically necessary.

**Gym membership to [REDACTED]:** 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), Shoulder (Acute & Chronic), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are 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. 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 a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.

