

<b>Case Number:</b>	CM15-0180764		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: 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 is a 27 year old male, who sustained an industrial injury on 11-11-13. Current diagnoses or physician impression include(s) fracture of lower end of humerus, closed. His work status is permanent total disability. A report dated 4-29-15 noted that the injured worker presented with complaints of considerable pain in his elbow. Physical examination performed on 7-22-15 revealed a well healing wound, no evidence of infection and he is neurovascularly intact. Previous diagnostic studies include x-rays. Previous treatments included medications Relafen, Prilosec, Ultram ER, Norco (5-20-15) and Lunesta, which is helpful, per note dated 3-11-15 and surgical intervention times 2; medial elbow reconstruction and hardware removal and complex tissue rearrangement. The treatment plan included biceps and triceps strengthening. Request for authorization dated 8-12-15, included requests for gym membership for 6 months, and Norco 10-325 mg #30. The utilization review dated 8-20-15, denied the gym membership request due to lack of documentation regarding the need for gym equipment or that he had failed a home exercise program as well as no indication the injured worker is unable to attend physical therapy. Norco is denied due to lack of documentation regarding significant pain or functional deficits that would support an opioid medication and no indication of therapeutic failure with non-opioid medications to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym Membership for six months: 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) Elbow, 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) Low Back Chapter, under Gym Memberships.

**Decision rationale:** The patient presents on 07/22/15 for a follow-up visit regarding left elbow hardware removal. The patient's date of injury is 11/11/13. Patient is status post medial elbow reconstruction with subsequent hardware removal. The request is for gym membership for six months. The RFA is dated 08/12/15. Physical examination dated 07/22/15 reveals a well healing unspecified surgical incision. The patient is currently prescribed Norco, Prilosec, Relafen, Ultram, and Lunesta. Patient is currently classified as permanently disabled. Official Disability Guidelines, Low Back Chapter, under Gym Memberships states: 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. In regard to the request for 6 months of gym membership, such unsupervised memberships are not considered an appropriate medical intervention. Per visit dated 07/22/15, the provider states: "Plan at this time is to proceed with biceps and triceps strengthening. I have recommended he undergo this in a gym and that worker's comp provide for a gym membership." While the provider feels as though this is an appropriate treatment plan, guidelines do not support gym memberships, as a medical treatment as there is no professional medical oversight to establish goals and monitor progression. Additionally, there is no documentation as to the failure of home-based/self-directed exercise programs to produce results. Therefore, the request IS NOT medically necessary.

**Norco 10/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The patient presents on 07/22/15 for a follow-up visit regarding left elbow hardware removal. The patient's date of injury is 11/11/13. Patient is status post medial elbow reconstruction with subsequent hardware removal. The request is for Norco 10/325MG #30. The RFA is dated 08/12/15. Physical examination dated 07/22/15 reveals a well healing unspecified surgical incision. The patient is currently prescribed Norco, Prilosec, Relafen, Ultram, and Lunesta. Patient is currently classified as permanently disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 07/22/15 does not address the efficacy of this patient's medications. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. While there is no indication that this patient is inconsistent with his prescriptions, the requesting physician does not provide any measures of analgesia, any activity-specific functional improvements attributed to narcotic medications and does not specifically state that this patient lacks any aberrant behaviors. Given the lack of complete 4 A's, documentation, the continuation of Norco cannot be substantiated and this patient should be weaned. The request IS NOT medically necessary.