

Case Number:	CM15-0207856		
Date Assigned:	10/26/2015	Date of Injury:	08/01/2000
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old male, who sustained an industrial injury on 8-1-2000. The medical records indicate that the injured worker is undergoing treatment for chronic low back pain. According to the progress report dated 8-31-2015, the injured worker presented with complaints of bilateral low back pain with occasional shooting pain down the left lower extremity to the knee level. On a subjective pain scale, he rates his pain 6-7 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation and decreased range of motion. The current medications are Tramadol. The records do not indicate when Tramadol was originally prescribed. Previous diagnostic studies were not indicated. Treatments to date include medication management, physical therapy, and pool therapy (significant reduction in his pain). Work status is described as not working. The original utilization review (10-21-2015) had non-certified a request for Tramadol 50mg #100 and 6 month gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for 6 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), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Lower back, Gym memberships.

Decision rationale: According to ODG, CA MTUS and ACOEM are silent, gym membership is "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals". According to my review of the records, there is no indication that a home exercise program has been attempted and been non-effective; additionally there is no documentation of a specific need for gym equipment for rehabilitation. The request for gym membership does not outline a monitored treatment program that is administered by medical professionals. Consequently, the provider's request for a gym membership does not meet the cited guidelines. Therefore, the request is not medically necessary.

Tramadol 50mg, #100 dispensed 10/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication of tramadol. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore, the request is not medically necessary.