

Case Number:	CM15-0208585		
Date Assigned:	10/27/2015	Date of Injury:	05/30/2012
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
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, Hawaii

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 32 year old male, who sustained an industrial injury on 5-30-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; lumbar epidural steroid injection (ESI) 7-8-15; medications. Currently, the PR-2 notes dated 9-29-15 indicated the injured worker complains of constant struggling with pain in the low back. He has a lumbar epidural steroid injection (ESI) on 7-8-15 eliminating the shooting pain to the right leg for 6 weeks. He is starting to feel the occasional shooting pain into the legs again, but not as intense as before the injection. The ESI also relieved some of the low back pain. He is working full time uses a TENS unit and medications to help relieve his pain as well as home exercise program. The provider notes his pain is rated "7 out of 10 without medications and 3 out of 10 with medications." A MRI of the lumbar spine dated 3-24-15 is reviewed by the provider and he documents "revealed L4-5 and L5-S1 disc protrusions causing moderate foraminal stenosis." He is taking Gabapentin 1800mg a day, Hydrocodone-APAP 3 times a day with 50% reduction of pain. Physical exam of the lumbar spine notes tenderness over the lumbar paraspinals and lumbar facet joints. He has lumbar flexion, extension, lateral bending and rotation pain. He is tender to palpation bilaterally at the sacroiliac joints was well. The provider's treatment plan indicates these medications help and is requesting a refill of Norco and a 6 month gym membership as the injured worker does not feel home exercise program is sufficient. PR-2 notes dated 9-8-15; 7-31-15 and 6-5-15 indicate the injured worker was prescribed Norco. A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 10-14-15 and non-certification for 6-month gym membership; Norco 10-325mg #120 and urine drug

screening. A request for authorization has been received for 6-month gym membership; Norco 10-325mg #120 and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym Memberships.

Decision rationale: The patient presents with constant low back pain. The current request is for 6 months gym membership. The treating physician's report dated 09/29/2015 (170C) states, "The patient is requesting gym membership. He feels that his home exercise program is not enough. He wants to regain strength and endurance." There is no other discussion in the report about the request in question. The MTUS Guidelines recommends exercise but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. ODG Guidelines do not recommend gym memberships as medical treatments. They are not recommended as a prescription unless a documented home exercise program with periodic assessment and revisions have not been effective; there is a need for equipment; and treatment needs to be monitored and administered by medical professionals. In this case, the physician does not explain why a gym membership provides the only alternative for the patient's needed exercise. There is no explanation as to how the patient will be monitored by a medical professional as required by the ODG guidelines. The current request is not medically necessary.

Norco 10/325mg #120: Overturned

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): Opioids, criteria for use.

Decision rationale: The patient presents with constant low back pain. The current request is for Norco 10/325mg #120. The treating physician's report dated 09/29/2015 (170C) states, "The pain level averages a 7 on a scale from one to ten in intensity without medications and 3/10 in intensity with medications." The patient takes hydrocodone/APAP 3 times a day and reports 50% pain reduction. He does not report any side effects. He further states that he is more functional on medications and he is able to continue working full time on regular duty. The patient has signed an opioid contract and has agreed to receive opioids only from his treating physician. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going

Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In this case, the physician has documented the 4A's required by the MTUS Guidelines for continued opiate use. The current request is medically necessary.

1 urine drug screen: Overturned

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): Drug testing. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: The patient presents with constant low back pain. The current request is for 1 Urine Drug Screen. The treating physician's report dated 09/29/2015 (170C) states, "Urine toxicology screening was done today to see if he is taking his opiate medication appropriately and not taking any illicit substances. We will review the results once available. The patient's last urine drug screen from 05/19/2014 (17B)." The patient is currently taking Norco for pain. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. While the patient's "risk assessment" was not discussed, the ODG Guidelines recommend once-yearly urine drug screen and a follow-up for a total of 2 per year. The current request is medically necessary.