

Case Number:	CM15-0020804		
Date Assigned:	03/19/2015	Date of Injury:	11/11/2003
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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:

This 41 year old female sustained a work related injury on 11/11/2003. According to a progress report dated 01/14/2014, the injured worker was a little bit better following an epidural. She reported having more pain in her ankle with cold and rainy days. Diagnoses included left ankle fibular fracture, anterior talofibular ligament instability, right knee derivative injury and lumbar spine radiculopathy, lumbar spine MRI Herniated Nucleus Pulposus at L5/S1 and lumbar spine Electromyography/Nerve Conduction Velocity Studies positive radiculopathy L4/5. Treatment plan included gym membership, 2nd epidural, physical therapy and a consult. Prescriptions were written for Hydrocodone, Prilosec, Ultram, Fexmid and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60 with bi-weekly refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 01/14/2015 report, this patient presents with low back pain and ankle pain. The current request is for 1 prescription of Norco 10/325mg #60 with bi-weekly refills. This medication was first mentioned in the 10/27/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/14/15. The patient's work status is to return to modified work on 07/21/2009 with restriction. For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or current work status is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

1 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 - Lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter: Gym membership.

Decision rationale: According to the 01/14/2015 report, this patient presents with low back pain and ankle pain. The current request is for 1 gym membership. The MTUS guidelines do not address gym memberships. The ODG guidelines states, 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. In reviewing the provided report, the treating physician does not provide any rationale for gym membership and why the patient is not able to do home exercise. There is no discussion regarding the need for special equipment and how the patient is to be medically supervised. In this case, the treating physician does not indicate the duration of the requested membership. Furthermore, the treating physician fails to provide necessary documentation as the ODG guidelines recommend. Therefore, the request IS NOT medically necessary.