

Case Number:	CM15-0024821		
Date Assigned:	03/18/2015	Date of Injury:	11/11/2003
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 41-year-old female who reported injury on 11/11/2003. The mechanism of injury was not provided. The documentation indicated the injured worker had utilized Xodol, Fexmid, Ultram and Prilosec since at least 08/2014. There was a Request for Authorization submitted for review dated 01/14/2015, which revealed a Request for Authorization for Norco 10/325 mg #60 with biweekly refills. The documentation of 01/14/2015 revealed the injured worker had an epidural, which was starting to give relief. The injured worker had more pain in her ankle with cold and rainy weather. The injured worker was noted to have diminished lumbar spine spasms; however, had asymmetric range of motion and persistent tightness in the hamstrings at 42 degrees with a positive straight leg raise on the right and a positive crossed straight leg raise. The diagnoses included left ankle fibular fracture, anterior talofibular ligament injury, right knee derivative injury and lumbosacral radiculopathy lumbar spine MRI. The treatment plan included a gym membership after the 12th request, physical therapy, and medications. The original date of request for the gym membership was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Medications for Chronic pain, ongoing management Page(s): 60, 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.dea.gov/index.shtml>.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a request for biweekly refills, however, the duration was not provided and opioids are not supported for indefinite use. Per the 10/06/2014 Drug Enforcement Administration, each prescription is to last for 1 month and no refills are permitted. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations and the DEA. Given the above, the request for Norco 10/325 mg #60 with biweekly refills is not medically necessary.

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 and Thoracic (Acute and Chronic).

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, Gym Membership.

Decision rationale: The Official Disability Guidelines indicate that gym memberships and swimming pools would not be considered medical treatment and are not covered under the disability guidelines. There was a lack of objective functional deficits and prior therapies were not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for gym membership is not medically necessary.