

Case Number:	CM15-0223671		
Date Assigned:	11/19/2015	Date of Injury:	04/11/2004
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 4-11-2004. The injured worker is undergoing treatment for cervical intervertebral disc degeneration, pain in shoulder joint, lesion of ulnar nerve, chronic pain syndrome, shoulder joint replacement, myalgia, myositis and spasm of muscle. Medical records dated 10-7-2015 indicate the injured worker complains of chronic right shoulder pain, neck, jaw and back pain rated 4-8 out of 10 with medication and 7 out of 10 without medication. She reports the pain radiates down the right side of the neck, arm and fingers, the left hand and the buttock. Physical exam dated 10-7-2015 notes cervical tenderness to palpation with spasm and decreased range of motion (ROM), right shoulder healing surgical scar, lumbar positive straight leg raise on the left and tenderness to palpation of left sacroiliac joint. Treatment to date has included 8 shoulder surgeries, physical therapy, exercise, aqua therapy, pain management, psychological therapy, Ambien, Phenergan, Lidoderm patch, Motrin, Clonazepam and Oxycontin since at least 5-11-2015. After 6 weeks of treatment, pain management recommended gym membership for exercise. The original utilization review dated 10-30-2015 indicates the request for Oxycontin 10mg #60 and 1-year gym membership is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 10 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical intervertebral disc degeneration, pain in shoulder joint, lesion of ulnar nerve, chronic pain syndrome, shoulder joint replacement, myalgia, myositis and spasm of muscle. Date of injury is April 11, 2004. Request for authorization is October 7, 2015. According to a progress note dated February 11, 2015, OxyContin was prescribed to the injured worker. In 2010, MS Contin and Percocet were prescribed to the injured worker. According to an October 7, 2015 progress note, subjective complaints include right shoulder pain and low back pain. The injured worker had 8 shoulder surgeries. The last shoulder surgery was performed January 29, 2015. Pain score is 8/10. Medications include OxyContin, Clonazepam, Ambien, Motrin, Lidoderm patch, Phenergan and compound creams. Objectively, there is tenderness and spasm at the lumbar spine with positive straight leg raising on the left. Utilization review indicates weaning was recommended March 17, 2015 and July 29, 2015. The documentation does not demonstrate objective functional improvement to support ongoing OxyContin 10 mg. There are no detailed pain assessments or risk assessments in the medical record. There is no attempted OxyContin weaning in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no attempt at weaning and no detailed pain assessments or risk assessments, OxyContin 10 mg #60 is not medically necessary.

One (1) year 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 (ODG), 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) Pain section, Gym membership.

Decision rationale: Pursuant to the Official Disability Guidelines, one (1) year gym membership is not medically necessary. Gym memberships are not recommended as a medical prescription unless a documented home exercise program periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals area 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 this case, Date of injury is April 11, 2004. Request for authorization is October 7, 2015. According to a progress note dated February 11, 2015, OxyContin was prescribed to the injured worker. In 2010, MS Contin and Percocet were prescribed to the injured worker. According to an October 7, 2015 progress note, subjective complaints include right shoulder pain and low back pain. The injured worker had 8 shoulder surgeries. The last shoulder surgery was performed January 29, 2015. Pain score is 8/10. Medications include OxyContin, Clonazepam, Ambien, Motrin, Lidoderm patch, Phenergan and compound creams. Objectively, there is tenderness and spasm at the lumbar spine with positive straight leg raising on the left. Utilization review indicates weaning was recommended March 17, 2015 and July 29, 2015. The documentation does not demonstrate objective functional improvement to support ongoing OxyContin 10 mg. There are no detailed pain assessments or risk assessments in the medical record. There is no attempted OxyContin weaning in the medical record. The injured worker reports a gym membership was approved over the prior three years. Gym memberships would not generally be considered medical treatment and are therefore not covered under these guidelines. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines and guideline non-recommendations for gym memberships, one (1) year gym membership is not medically necessary.