

Case Number:	CM15-0037456		
Date Assigned:	03/05/2015	Date of Injury:	10/23/2009
Decision Date:	04/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 10/23/2009. The diagnoses have included status post right shoulder arthroscopic surgery, cervical spine radiculitis with myofasciitis, and rule out cervical spine disc injury. Noted treatments to date have included home exercise program and medications. Diagnostics to date have included cervical spine x-rays on 01/05/2015 demonstrates anterior autofusion at multiple levels in the cervical spine. In a progress note dated 01/05/2015, the injured worker presented with complaints of constant pain and restricted range of motion in neck and right shoulder. The treating physician reported very limited range of motion to the cervical spine with tenderness and spasm. Utilization Review determination on 01/30/2015 non-certified the request for 6 Months Gym Membership and 120 Vicodin 5/300mg citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym Membership. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- 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 (ODG) Knee and Leg chapter regarding gym membership.

Decision rationale: This patient has a date of injury of 10/23/2009 and presents with ongoing cervical spine and shoulder pain. The current request is for a six-month gym membership. The MTUS and ACOEM Guidelines are silent regarding gym membership. ODG Guidelines under the knee and leg chapter regarding gym membership 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." The treating physician is requesting a gym membership for the patient to do home exercises. There is no documentation of specific need for special equipment and why the patient is unable to do the necessary exercises at home. MTUS does not support gym memberships unless there is a need for special equipment to perform necessary exercises and adequate supervising and monitoring must be provided. The medical necessity of a gym membership has not been established. Therefore, the request is not medically necessary.

Vicodin 5/300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with a date of injury of 10/23/2009 and presents with ongoing complaints of cervical spine and shoulder pain. The current request is for Vicodin 5/325 mg #120. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. Review of the medical file indicates the patient has been utilizing Vicodin since July of 2012. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.