

Case Number:	CM15-0041073		
Date Assigned:	03/11/2015	Date of Injury:	04/18/2000
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 4/18/2000. The diagnoses have included myofascial pain, cervical disc injury status post cervical fusion, bilateral carpal tunnel syndrome and right greater trochanteric bursitis. Treatment to date has included trigger point injections and medication. According to the progress report dated 1/22/15, the injured worker complained of constant achy cervicgia and numbness in her bilateral arms and hands. She also complained of mid back pain and stated that her neck and back pain were worse since the last visit. Physical exam revealed tenderness to palpation over the bilateral cervical and thoracic paraspinals as well as bilateral trapezii on the right greater than the left. She had several spots that elicited a twitch response in referral of pain, suggestive of trigger points. The treatment plan was for Meloxicam daily as necessary, Norco twice a day as necessary and Flexeril daily at bedtime as necessary. The injured worker was to continue her home exercises and gym workouts. Trigger point injections were performed at the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership x 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Lumbar Spine, gym membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, GYM membership.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for gym membership x 1 year. Per 01/22/15 progress report, the patient is s/p cervical fusion at C5-7 and the date of the surgery is prior to 06/19/13 per X-Ray of the cervical spine. The patient is currently working per 12/18/14 progress report. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In this case, the treater has asked for Gym membership but does not explain why gym membership is needed; why exercise cannot be performed at home; what special equipment needs are medically necessary; how the patient is to be supervised. The request IS NOT medically necessary.

Norco 10/325mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for Norco 10/325MG #120. The patient has been utilizing Norco since at least 03/25/14. Regarding chronic opiate use, MTUS guidelines page 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 adverse 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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screening on 06/26/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. The request IS NOT medically necessary.

