

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0043801 |                              |            |
| <b>Date Assigned:</b> | 03/13/2015   | <b>Date of Injury:</b>       | 04/14/2004 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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: 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 4/14/04. The injured worker reported symptoms in the neck, bilateral upper extremities, back and lower extremities. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracolumbar musculoligamentous sprain/strain, right shoulder periscapular strain with bursitis, tendinitis, impingement and history of prior arthroscopy, and bilateral hip greater trochanteric bursitis with underlying sacroilitis. Treatments to date have included epidural steroid injection, oral pain medication, and home exercise program. Currently, the injured worker complains of cervical spine pain with radiation to the upper extremities as well as back pain with radiation to the lower extremities. The plan of care was for medication prescriptions, a gym membership and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 month gym membership for heated pool access:** 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), 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 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 6 MONTHS GYM MEMBERSHIP FOR HEATED POOL ACCESS. Per 01/15/15 progress report, "the patient reports that the prior aquatic therapy helped with decreasing the pain and decreasing the need of repeat cervical epidural steroid injection and pain management for the neck and lower back." The patient is currently not working. 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. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment. In this case, the treater requested "Gym membership for heated pool access to continue with self-guided home exercise program as prior to aquatic therapy and decrease the need for pain management injection." The treater does not explain why exercise cannot be performed at home. The review of the reports indicates that the patient has done home exercises. While the treater request for heated pool is understandable, there is no medical necessity or requirement that the patient must exercise in a pool. ODG does not state that one particular type of exercise is superior to another. There does not appear to be any medical limitation that the patient must be exercising in a pool and cannot handle land-base home exercises. The request IS NOT medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**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. Per 01/15/15 progress report, The patient is currently taking Norco and Fexmid. Norco is prescribed for treatment of chronic low back pain and nociceptive pain. "Pain scale is 4/10 with medications and 8/10 without medications. Functional benefits of medications: able to perform ADL's, improve participation in HEP and improved sleep pattern." Per the utilization review letter on 02/25/15, the patient has utilized Norco since at least January 2013. The patient is currently not working. 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." Although the treater discusses pain scales and analgesia, not all 4A's are addressed as required by MTUS guidelines. The treater provides a general statement indicating that "able to perform ADL's, Improve participation in HEP." However, there are no specific ADL's mentioned which demonstrate medication efficacy. No outcome measures are provided as required by MTUS Guidelines. The treater does not mention urine drug screening either. Given the lack of adequate documentation as required by MTUS Guidelines, the request IS NOT medically necessary.

**Fexmid 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for FEXMID 75MG #60. The patient is currently not working. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the utilization review letter indicates that the patient has been utilizing Fexmid since at least May 2013. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request of Fexmid IS NOT medically necessary.