

Case Number:	CM15-0060498		
Date Assigned:	04/06/2015	Date of Injury:	05/01/2010
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey, New York
 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 33 year old male who sustained an industrial injury on May 1, 2010. He has reported pain to the head and neck and has been diagnosed with cervical spondylosis, lumbar spondylosis, lumbar radiculopathy, and cervical radiculopathy. Treatment has included medications, injections, therapy, TENS unit, alpha stim unit, and therma care heated. Recent progress note noted the injured worker to have chronic headaches as well as chronic pain of his right shoulder, neck, and back with radicular symptoms to his bilateral upper and lower extremities. The treatment request included Norco and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 150 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time. He had improvement in pain with a decrease from 8/10 to 4/10. However, there was no specific objective documentation of the improvement in function. The patient had opioid-induced constipation which was relieved by Colace/Senna. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. There has to be sufficient documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Because of these reasons, the request for Norco is considered medically unnecessary.

Three month 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), Low Back Chapter.

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, Gym memberships.

Decision rationale: The request is not medically necessary. MTUS guidelines do not address gym memberships, therefore ODG guidelines were used. According to ODG, gym memberships are not considered medical treatment and are not recommended as part of 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. There is no documentation suggesting a need for equipment or that he is unable to perform a home exercise program. Therefore, the request is considered not medically necessary.