

<b>Case Number:</b>	CM14-0144654		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old female with a date of injury of 09/24/2007. The mechanism of injury was a fall. The diagnoses included neck pain, low back pain, and carpal tunnel syndrome. The past treatments included pain medication, massage therapy, and physical therapy. There was no diagnostic imaging relevant in the notes. There was no relevant surgical history documented in the notes. On 01/10/2014, the subjective complaints included neck and low back pain rated 7/10. The physical exam findings noted decreased range of motion to the cervical spine and lumbar spine. The medications included Norco, Flexeril, Prilosec, Lidoderm patches, and Colace. The treatment plan was to continue medications. A request was received for a gym membership program quantity 3 and Prilosec delayed release capsules 20 mg quantity 60. The rationale for the request was not provided. The Request for Authorization form was dated 01/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership program (in months) Quantity: 3.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar spine, gym memberships

**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 - Lumbar & Thoracic, Gym memberships.

**Decision rationale:** The request for a gym membership program quantity 3 is not medically necessary. The Official Disability Guidelines state gym memberships are not recommended as a medical prescription unless documented a home exercise program with periodic assessment and revision has not been effective and there is a need for specialized equipment. The guidelines also state that gym memberships, health clubs, swimming pools, athletic clubs, etc., would generally not be considered medical treatment and are therefore not covered under these guidelines. The injured worker has chronic neck and back pain. There was no clear rationale as to why the gym membership would be medically necessary. Additionally, gym memberships are not supported by the guidelines. As such, this request is not supported. As such, the request for Gym Membership Program is not medically necessary.

**Prilosec delayed release capsules 20 mg, QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-67.

**Decision rationale:** The request for Prilosec delayed release capsules 20 mg, QTY: 60.00 is not medically necessary. The California MTUS guidelines recommend omeprazole for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. There is no documented evidence that she is at increased risk for gastrointestinal events or that she was taking NSAID medications. Since there is no documentation that the injured worker is at risk for gastrointestinal events the request is not supported. As such, the request is not medically necessary.