

<b>Case Number:</b>	CM14-0165957		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 59 year-old female with a date of injury of December 16, 2011. The patient's industrially related diagnoses include chronic cervical radiculopathy secondary to C5-C6 and C6-C7 foraminal stenosis, s/p surgical decompression and fusion, bilateral shoulder sprain, bilateral elbow epicondylitis, left wrist strain, and affective disorder with anxiety and depression aggravated by chronic pain. The disputed issues are a prescription for Butrans Patch 5ug/hr #4 and pool membership for 6 months. A utilization review determination on 10/2/2014 certified the request for Butrans patch and modified the request for pool membership to 2 months. The stated rationale for the certification of Butrans was: "The available clinical information documents chronic pain and functional benefit." The stated rationale for the modification of the request for pool membership was: "The available clinical information documents functional benefit from water based physical therapy. The request was modified for 2 months. Future requests would require documentation of on-going functional benefit."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pool membership (#months) QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**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 Low Back Chapter, Gym Memberships

**Decision rationale:** In regard to the request for pool membership for 6 months, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym or pool memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships (in both the Knee and Low Back chapters) with the following recommendation: "Not recommended 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." In the progress reports available for review, the treating physician stated that pool membership for 6 months was requested to allow the injured worker to continue her independent exercise program learned in pool physical therapy since a land-based independent exercise program has not been able to accomplish the same goals. However, there is no documentation that the physician is overseeing the pool exercise program. Based on the guidelines, the current request for pool membership is not medically necessary.

**Butrans Patch 5UG/HR QTY: 4:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Butrans Patch 5ug/hr (hydrocodone/acetaminophen) is a CIII opioid that is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress reports available for review, it is documented that Butrans patch 5ug/hr 1 patch applied once weekly helped reduce pain and

increased function. The injured worker reported decreased symptoms by over 50% and was able to complete her independent exercise program at home. Regarding side effects, the injured worker reported no adverse events besides adhesive allergy from the patch that was treated with cortisone cream. There was no discussion regarding possible aberrant drug-related behavior; however, according to the records, the medication was only initiated the previous month on 9/3/2014. Therefore based on adequate documentation thus far, the request for Butrans Patch 5ug/hr is medically necessary at this time.