

<b>Case Number:</b>	CM14-0080520		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 54-year-old male who reported an injury of unknown mechanism on 11/27/2001. On 2/20/2014, his diagnoses included low back pain, bilateral leg symptoms, lumbar degenerative disc disease and spinal stenosis with facet arthrosis, spondylolisthesis at L5-S1, bilateral knee pain, status post left knee arthroscopy and constipation from narcotic use. His medications included the Butrans patch at 20 mcg per hour and Percocet 10/325 mg. This worker reported a 50% functional improvement of activities of daily living with the medications versus not taking them at all. It was noted that his urine drug screens had been appropriate. He was receiving acupuncture treatments. On 03/20/2014 his complaints included left buttock and posterior thigh pain. He had received 2 epidural steroid injections without very much improvement but felt that the acupuncture treatments had been very helpful. He had completed 8 sessions at that time. He had been able to reduce his opioid medication use due to the acupuncture. He had stopped taking the Percocet and was just using the Butrans patch at that time. Since he was status post surgery revision on his left knee, he was going to be starting physical therapy. He requested that the examining physician get him a gym membership because he felt he could do the same therapy in the gym without going to formal physical therapy treatments. He stated that previously gym activities in the water and the pool had been very helpful in managing his back pain. It was noted that he was under the care of a psychiatrist who prescribed Effexor, Xanax, Cymbalta and Abilify of unknown dosages. On 06/26/2014 he was requesting a Toradol injection. He was still using the Butrans patch and the Percocet for breakthrough pain. He had also begun taking Lyrica of an unknown dose for the neuropathic pain in his legs and he found that helpful. He stated that the second round of acupuncture treatments did not help him. A Request for Authorization for the Butrans patch dated 06/30/2014 was included in this injured workers chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS PATCH 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for a Butrans patch 20 mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDs or antidepressants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including; side effects, failed trials of NSAIDs, aspirin or antidepressants, quantified efficacy or collateral contacts. It was noted that this injured worker was suffering from opioid induced constipation. Additionally, there was no quantity or frequency of application specified in the request. Therefore, this request for Butrans patch 20 mg was not medically necessary.

**GYM MEMBERSHIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

**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, Exercise.

**Decision rationale:** The request for gym membership is not medically necessary. The Official Disability Guidelines recommends exercise for treatment and prevention of low back pain. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective whereas in subacute back pain, exercises with a graded activity program, and in chronic pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance, including aerobic fitness and muscular strength especially those of the back and abdomen, have been shown to benefit injured workers with acute low back problems. So far, it appears that the key to success in the treatment of low back pain is physical activity in any form, rather than through any

specific activity. One of the problems with exercise; however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed as a therapeutic tool, some documentation of progress should be expected. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, are not covered under the Official Disability Guidelines. The need for a gym membership was not clearly demonstrated. Therefore, this request for gym membership is not medically necessary.