

<b>Case Number:</b>	CM14-0097268		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Nevada. 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 records presented for review indicate that this 45 year-old female was reportedly injured on 7/29/2009. The most recent progress note, dated 5/16/2014, indicates that there were ongoing complaints of low back pain, and depression. No physical examination was performed on this date of service. Sleep study was performed on 1/30/2014 which revealed obstructive sleep apnea. Previous treatment includes medication, and conservative treatment. A request had been made for sleep apnea machine, gym membership, weight loss program, and Norco 10/325 mg #30 and was not certified in the pre-authorization process on 6/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Apnea Machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Head Chapter: Sleep Aides.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual: Obstructive Sleep Apnea: Sleep Apnea, CPAP

**Decision rationale:** CPAP machine is the use of continuous positive pressure to maintain a continuous level of positive airway pressure in a spontaneously breathing patient. If function

similarly to a positive in expiratory pressure, except that it is applied pressure against exhalation and CPAP is a pressure applied by a constant flow. CA MTUS and ODG guidelines do not specifically address the use of a CPAP machine, therefore, alternative medical references were used for citation. After review the medical records provided there is no indication that the work related injury caused the obstructive sleep apnea. It is noted the injured worker was diagnosed with sleep apnea and had a sleep study ordered by an outside treating physician. The most recent note from the patient's treating physician does not address any issues associated with sleep apnea in history present illness or in the physical examination. Therefore, lacking insufficient documentation for justification of this medical device this request is deemed not medically necessary.

**Gym Membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back Chapter: Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Gym Membership, Updated August 27, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a gym membership is not recommended as a medical prescription unless a home exercise program has not been effective and there is need for additional equipment. Additionally treatment in a gym environment needs to be monitored and administered by medical professionals. According to the attached medical record there is no documentation that home exercise program is ineffective or in adequate. Considering this, the request for a gym membership is not medically necessary.

**Weight Loss Program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back Chapter: Gym Membership.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Meta-Analysis of the Efficacy of Weight Loss Programs, (Tsai and Wilson, 2005)

**Decision rationale:** Weight loss is a lifestyle issue that relates to calories consumed and calories expended. Counseling for diet and exercise as well as behavioral therapies are the mainstays of treatment of obesity. The injured employee should be monitored for several weeks for compliance and effectiveness of a self-motivated weight loss program. However, weight loss is not necessarily a medical necessity. Therefore, this request is deemed not medically necessary.

**Norco 10/325 mg, Count 30.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Criteria for Use of Opi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury, however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.