

<b>Case Number:</b>	CM15-0013609		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51- year old female, who sustained an industrial injury on March 10, 2003. She has reported pain in her hands from cumulative repetitive activities. The diagnoses have included chronic myofascial pain, status-post proximal and median nerve releases, deconditioning, obesity, mild degenerative disc disease of the neck, thoracic outlet syndrome, cervical strain, depression and anxiety. Treatment to date has included pain medication to include oral and topical, physical therapy, epidural steroid injection, acupuncture, electrical studies, gym membership, psychological therapy and regular follow up. Currently, the IW complains of burning in the back of the neck and in both shoulders, the right greater than the left. Pain was described as sharp, burning, aching and a pins and needle sensation. The worker also reported pain limiting some activities, such as walking and sitting for 30 minutes and driving for an hour or less. On January 9, 2015, the Utilization Review decision modified a request for Norco 10/325mg, count 30 with two refills to approve one prescription of 24 with no refills and non-certified a six month gym membership. The rationale for the decisions noted that the guidelines do not recommend long term use of opioids and documentation should include measurable treatment goals, a signed opioid agreement and functional improvements with reduction of pain medications. The gym membership is not supported by the guidelines unless there is documentation that a home exercise program is not effective. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg, count 30 with two refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/05/15 report the patient presents with bilateral shoulder pain, neck tightness and headaches. The current request is for NORCO 10/325/ #30 WITH 2 REFILLS Hydrocodone, an opioid per the 01/05/15 report. The RFA is not included. This request was modified by utilization review to #24 with no refills. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 01/05/15 the treater states Norco use is modest and within guidelines for acute pain due to headaches with less Norco used for chronic pain. This medication is used only at night as she can wake without headache with waking pain at 3/10. Reports repeatedly state that medications reduce pain 4 points on the VAS. The treater states on 03/24/14 that walking, sitting and standing are improved with medications. The 01/05/15 report notes all chores are improved with use of medications and sleep is improved from waking up every 2-3 hours to sleeping all night. However, opiate management issues are not documented. No UDS's are provided for review or discussed. There is no discussion of adverse side effects or adverse behavior. No outcome measures are provided. In this case, lacking documentation of opiate management, the request IS NOT medically necessary.

**6 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, Low Back - Lumbar & Thoracic (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic Chapter, Gym memberships

**Decision rationale:** Per the 01/05/15 report the patient presents with bilateral shoulder pain, neck tightness and headaches. The current request is for 6 Month Gym Membership per the 01/05/15 RFA. The patient is not working. ODG guidelines Low Back Lumbar & Thoracic Chapter, Gym memberships topic, state they are, "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."ODG further states treatment must be monitored by medical professionals. The 01/05/15 report states, "During the summer she used the pool to help her stay mobile. The pool has closed so requesting a gym membership for the winter time so can do unweighted exercises." This report further states the pool is the most helpful independent exercise and helps neck mobility, turning and the ability to do chores. Reports also state the patient is obese 188 pounds 5'3" and weight has stabilized due to independent exercise. However, the ODG guidelines do not support gym memberships in the Neck & Upper Back Chapter and there is no documentation that the patient would be monitored by medical professionals as required by ODG. In this case, the request IS NOT medically necessary.