

<b>Case Number:</b>	CM15-0122723		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, mid back, low back, wrist, and elbow pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 22, 2014. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve requests for a gym membership, oxycodone, and a urine drug screen. The claims administrator referenced an RFA form received on June 3, 2015 and an associated progress note of May 25, 2015 in its determination. The applicant's attorney subsequently appealed. On May 25, 2015, the applicant reported ongoing complaints of headaches, neck pain, and low back pain, 1-2/10 with medications versus 8/10 without medications. The applicant maintained that Wellbutrin was ameliorating her depression and insomnia. The applicant was asked to employ oxycodone at a heightened dose and continue Wellbutrin for issues with insomnia, depression, and chronic pain. Urine drug testing was endorsed. The attending provider asked the applicant to discontinue tramadol and employ heightened dose of oxycodone. A three-month gym membership with associated access to a swimming pool was sought. The applicant's gait was not clearly described, although it was suggested that the applicant was not able to perform heel and toe walking very well. It did not appear, however, that the applicant was using a cane, crutch, walker, or other assistive device. The attending provider ultimately placed the applicant off of work, on total temporary disability, while noting that the applicant's ability to perform sitting, standing, bathing, and cooking had all been ameliorated as a result of ongoing medication consumption.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gym membership x3 months with access to swimming pool:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Gym memberships.

**Decision rationale:** No, the request for a three-month gym membership with associated access to a swimming pool was not medically necessary, medically appropriate, or indicated here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant's gait was not clearly described or clearly characterized on the May 25, 2015 office visit on which the gym membership with associated pool access was sought. It was not clearly stated or clearly established that reduced weight bearing was, in fact, desirable here. Finally, ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, the attending provider did not explicitly state that home exercise program had proven ineffectual. The attending provider likewise did not set forth a clear or compelling case for the pool access component of the request. Therefore, the request is not medically necessary.

**Oxycodone 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS

Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, May 25, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing oxycodone usage. The attending provider's commentary to the effect that the applicant's ability to bathe herself, sit, stand, and walk as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing oxycodone usage and was outweighed by the applicant's failure to return to work here. Therefore, the request is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not described on May 25, 2015. The attending provider did not state whether the applicant was using medications other than the oxycodone and Wellbutrin, which he was prescribing. It was not stated when the applicant was last tested. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) here. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.