

Case Number:	CM15-0126711		
Date Assigned:	07/16/2015	Date of Injury:	01/20/2010
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 01/20/2010. She has reported injury to the right foot/ankle, bilateral knees, and low back. The diagnoses have included complex regional pain syndrome-type I of bilateral lower extremities/both feet, right greater than left; intractable myofascial pain syndrome, thoracolumbar spine; numbness in bilateral lower extremities, most likely due to lumbosacral radiculopathy; insomnia due to pain; weight gain of 200 pounds since injury; and status post surgery for removal of neuroma right foot. Treatment to date has included medications, diagnostics, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Naproxen, Tramadol ER, Neurontin, and Tylenol with Codeine #3. A progress report from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain in her right foot and ankle that has varied from 6-8/10 on the pain scale; constant upper and lower back pain that has been 8/10 on the pain scale of 1-10 without medications; frequent pain in both of her knees; frequent pain and numbness in her bilateral lower extremities; she has been ambulating with the aid of a cane; she has gotten greater than 60% improvement in both her pain and ability to function with her current medications, which reduce her pain to 3/10 and allow her to perform activities of daily living; she has been feeling moderately depressed; and she has noticed moderate problems sleeping without medications. Objective findings included lumbar spine ranges of motion were moderately restricted in all planes; multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles; positive Romberg; she could not perform tandem gait with her eyes open or closed; she could

not execute heel-to gait and was ambulating with a cane; hypersensitive to fine touch and pinprick in both feet, right greater than left; and range so motion of the bilateral knees were slightly decreased in all directions. The treatment plan has included the request for Tylenol with Codeine #3 quantity 90; and gym membership, 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol w/Codeine #3 quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tylenol # 3 contains codeine, an opioid which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol # 3 for several months along with Naproxen. There was no mention of weaning or failure of Tylenol alone. The continued use of Tylenol is not medically necessary.

Gym membership, 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter- gym membership and pg 53.

Decision rationale: There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently, a gym membership is not medically necessary. In this case, the claimant requested gym membership for weight maintenance. As a result, the request for a gym membership is not medically necessary.