

Case Number:	CM15-0172367		
Date Assigned:	09/14/2015	Date of Injury:	05/16/2014
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 5-16-14. Medical record indicated the injured worker is undergoing treatment for reflex sympathetic dystrophy, sprain of hip and pain in limb. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit (which helps improve the pain), cane for ambulation, acupuncture, heat pack, oral medications including Tramadol (since at least 3-17-15), Ibuprofen 800mg and Norco (since at least 2-4-15), Relafen 750mg and topical Lidoderm 5% patch; and activity modifications. (MRI) magnetic resonance imaging of lower extremity joint performed on 6-11-15 revealed a normal study. Currently on 6-16-15 and on 7-31-15, the injured worker complains of right leg pain from knee to foot described as shooting, throbbing, tingling which is constant but variable in intensity. She also complains of swelling and hypersensitivity of right lower leg. Physical exam performed on 6-16-15 and on 7-31-15 noted an antalgic gait, edema of both knees with joint swelling over the ankle of right and left lower extremity with range of motion of ankles within normal limits with the exception of dorsiflexion which is limited. The treatment plan included Tramadol 5mg, Norco 7.5mg, acupuncture 6 additional sessions and 6 month gym membership with pool. On 8-7-15, utilization review non-certified a request for gym membership noting it is not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment; and non-certified requests for Norco and Tramadol noting the medical reports have failed to establish a medical necessity for analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.35/325mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right lower extremity pain including a diagnosis of CRPS after sustaining an ankle fracture. In February 2015 she was continuing to receive physical therapy treatments. When seen, she was ambulating with a straight cane. She was taking Tramadol 3-4 times per week and Norco up to two times per week. Physical examination findings included a BMI of over 26. Pain was rated at 5/10. There was an antalgic gait with forward flexed posture. She had decreased ankle range of motion and was wearing a right ankle brace. She was referred for pool therapy with the request including authorization for a six-month gym membership with pool access. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 95 mg per day. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain with documentation of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Tramadol 50mg qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right lower extremity pain including a diagnosis of CRPS after sustaining an ankle fracture. In February 2015 she was continuing to receive physical therapy treatments. When seen, she was ambulating with a straight cane. She was taking Tramadol 3-4 times per week and Norco up to two times per week. Physical examination findings included a BMI of over 26. Pain was rated at 5/10. There was an antalgic gait with forward flexed posture. She had decreased ankle range of motion and was wearing a right ankle brace. She was referred for pool therapy with the request including authorization for a six-month gym membership with pool access. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 95 mg per day. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain with documentation of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Gym membership with pool for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (Web), 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) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right lower extremity pain including a diagnosis of CRPS after sustaining an ankle fracture. In February 2015 she was continuing to receive physical therapy treatments. When seen, she was ambulating with a straight cane. She was taking Tramadol 3-4 times per week and Norco up to two times per week. Physical examination findings included a BMI of over 26. Pain was rated at 5/10. There was an antalgic gait with forward flexed posture. She had decreased ankle range of motion and was wearing a right ankle brace. She was referred for pool therapy with the request including authorization for a six-month gym membership with pool access. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 95 mg per day. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be slightly obese and has right lower extremity CRPS. A trial of pool therapy would likely be appropriate. If there was benefit, transition to an independent pool program could be considered. However, a gym membership is not recommended as a medical prescription unless there is a need for equipment. Without demonstrated benefit from the requested pool therapy sessions, a gym membership cannot be considered medically necessary.