

<b>Case Number:</b>	CM15-0098765		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Emergency 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 injured worker is a 49-year-old male who sustained an industrial injury on 05/22/1998. Current diagnoses include failed back syndrome, chronic pain syndrome, left lumbar radiculopathy, right knee pain, right trochanteric bursitis, depression, and right ankle pain. Previous treatments included medications, knee brace, gym membership, and psychiatric treatments. Report dated 04/23/2015 noted that the injured worker presented with complaints that included low back pain with radiation, and right knee pain. Pain level was 9-10 out of 10 (low back), and 5-6 out of 10 (right knee) on a visual analog scale (VAS). It was noted that the gym membership has been a vital part of the injured worker's rehab program, and that medications decrease pain by 80%, which allows him to be much more functional. Physical examination was positive for tenderness in the left buttock, decreased range of motion in the lumbar spine with left leg weakness, right knee tenderness with functional range of motion, decreased left lower extremity sensation, right hip tenderness, antalgic gait, top of right knee mildly tender, and plantar fascia insertion tenderness. The treatment plan included receiving Voltaren gel, advised to go to ER for worsening abdominal pain, continued gym membership, request 1 year renewal of gym membership, consider right hip injections, return in 4 weeks, and prescriptions were written for cyclobenzaprine, Opana 20 mg ER, Opana 10mg ER, Voltaren gel, and Lyrica. Disputed treatments include Flexeril, Opana 20mg ER, Opana 10mg ER, and a gym membership times 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Flexeril 10mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation, and right knee pain. Pain level was 9-10 out of 10 (low back), and 5-6 out of 10 (right knee) on a visual analog scale (VAS). It was noted that the gym membership has been a vital part of the injured worker's rehab program, and that medications decrease pain by 80%, which allows him to be much more functional. Physical examination was positive for tenderness in the left buttock, decreased range of motion in the lumbar spine with left leg weakness, right knee tenderness with functional range of motion, decreased left lower extremity sensation, right hip tenderness, antalgic gait, top of right knee mildly tender, and plantar fascia insertion tenderness. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #90 is not medically necessary.

**Opana 20mg ER #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Opana 20mg ER #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation, and right knee pain. Pain level was 9-10 out of 10 (low back), and 5-6 out of 10 (right knee) on a visual analog scale (VAS). It was noted that the gym membership has been a vital part of the injured worker's rehab program, and that medications decrease pain by 80%, which allows him to be much more functional. Physical examination was positive for tenderness in the left buttock, decreased range of motion in the lumbar spine with left leg weakness, right knee tenderness with functional range of motion, decreased left lower extremity sensation, right hip tenderness, antalgic gait, top of right knee mildly tender, and plantar fascia insertion tenderness.

The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Opana 20mg ER #60 is not medically necessary.

**Opana 10mg ER #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Opana 10mg ER #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation, and right knee pain. Pain level was 9-10 out of 10 (low back), and 5-6 out of 10 (right knee) on a visual analog scale (VAS). It was noted that the gym membership has been a vital part of the injured worker's rehab program, and that medications decrease pain by 80%, which allows him to be much more functional. Physical examination was positive for tenderness in the left buttock, decreased range of motion in the lumbar spine with left leg weakness, right knee tenderness with functional range of motion, decreased left lower extremity sensation, right hip tenderness, antalgic gait, top of right knee mildly tender, and plantar fascia insertion tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Opana 10mg ER #60 is not medically necessary.

**Gym membership times 12 months for the low back and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships.

**Decision rationale:** The requested Gym membership times 12 months for the low back and right knee is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise

programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that gym memberships are "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient."The injured worker has low back pain with radiation, and right knee pain. Pain level was 9-10 out of 10 (low back), and 5-6 out of 10 (right knee) on a visual analog scale (VAS). It was noted that the gym membership has been a vital part of the injured worker's rehab program, and that medications decrease pain by 80%, which allows him to be much more functional. Physical examination was positive for tenderness in the left buttock, decreased range of motion in the lumbar spine with left leg weakness, right knee tenderness with functional range of motion, decreased left lower extremity sensation, right hip tenderness, antalgic gait, top of right knee mildly tender, and plantar fascia insertion tenderness. The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Gym membership times 12 months for the low back and right knee is not medically necessary.