

Case Number:	CM14-0141385		
Date Assigned:	09/10/2014	Date of Injury:	12/10/2001
Decision Date:	10/06/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year-old male who was injured at work on 12/10/2001. The injuries were primarily to his neck and upper extremities. He is requesting review of denial for the following: Percocet 5/325 mg #60 with 5 Refills and for a Gym Membership for 6 Months; both for the time frame of 8/12 through 10/21/2014. The medical records include the Primary Treating Physician's Progress Reports. These indicate that the patient has the following diagnoses: Chronic Neck Pain, Headaches, Right Upper Extremity Pain, and a History of Cervical Discectomy. His medications have included: Percocet, Ultracet, Prilosec, Nuvigil, Pristiq, Ritalin and Biofreeze Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60 with 5 refills between 8/12/14 and 10/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the

ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. It should also be noted that this request for Percocet contains a higher amount of the opioid than previously noted; i.e. 10 mg of oxycodone instead of the previously prescribed 5 mg strength. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Further, the dose of oxycodone is increased without providing a medical justification. Therefore, treatment with Percocet 10/325 mg is not considered as medically necessary.

Gym membership for 6 months between 8/12/14 and 10/21/14: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Exercise.

Decision rationale: The MTUS Guidelines do not comment on the use of Gym memberships for chronic pain. However, the Official Disability Guidelines comment on this issue for patients with low back pain. These guidelines state the following regarding exercise as a treatment modality: Exercise is recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home 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. There is no documentation provided in the medical records to indicate why this patient is no longer able to engage in the home exercise/stretching program as part of his ongoing treatment regimen. There is no documentation provided to indicate that the patient needs more supervision for an exercise program. There is no documentation in support of establishing specific outcome goals that can be monitored to assess the efficacy of the program. Finally, there is no documentation provided to justify the duration of this intervention. Therefore, a Gym membership X 6 months is not considered as a medically necessary treatment.