MAXIMUS Federal Services

Case Number:	CM13-0004372		
Date Assigned:	05/07/2014	Date of Injury:	06/29/2012
Decision Date:	07/28/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

37 year old male injured worker with date of injury 6/29/12 with related low back pain. Per progress note dated 4/30/13, the injured worker complained of low back pain and left lower extremity radicular pain. Physical exam findings included positive straight leg raise at 70 degrees on the left side, positive Lasegue's sign was present. There was restricted range of motion in all fields, especially with extension and lateral rotation bilaterally. The injured worker was unable to heel/toe walk. MRI of the lumbar spine dated 10/29/12 revealed at L5-S1, 5mm left sided disc bulge and some neural compression on the left side. Treatment to date has included physical therapy, chiropractic treatment, epidural injection, acupuncture, and medication management.The date of UR decision was 7/8/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEIGHT LOSS PROGRAM-[redacted]: 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 Other Medical Treatment Guideline or Medical Evidence:Lindora.com.

Decision rationale: The MTUS is silent on weight management clinics. However, the MTUS does state Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10. A review of the [redacted] weight loss program website reveals that it represents itself as a comprehensive program that addresses the physical as well as the mental and lifestyle issues of weight control. However, there is no evidence that this particular weight loss program is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community. As such, it cannot be affirmed as medically necessary.

NORCO 10/325MG #180: 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): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and are present in the form of UDS. UDS dated 4/23/13 was appropriate with prescribed medications. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

TIZANIDINE 4 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Antiinfilamatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per MTUS CPMTG p66 Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. Per 4/30/13 progress report the injured worker suffers from chronic low back pain that is rated at 9-10/10 with activity and 7/10 at rest. This class of medication can be used for the treatment of musculoskeletal conditions whether spasm is present or not. The request is medically necessary.

PSYCHOLOGY CONSULT: 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 2 General Approach to Initial Assessment and Documentation Page(s): 27,Chronic Pain Treatment Guidelines PSYCHOLOGICAL CONSULT Page(s): 101.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. With regard to psychological treatment, CA MTUS states Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Per progress report dated 4/4/13, the injured worker denied having depression, anxiety, suicidal attempts, or difficulty sleeping. The documentation submitted for review does not support the request.