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| Case Number: | CM13-0005365 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/02/1999 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 07/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and rehabilitation, has a subspecialty in Pain Management, 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 physician 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 40-year-old with date of injury on 01/02/1999. The progress report dated 06/27/2013 by [REDACTED] indicated the patient's diagnoses include: (1) Low back pain, (2) Lumbar disk displacement, (3) Degeneration of cervical intervertebral disk, (4) Post-laminectomy syndrome of lumbar region, (5) Lumbar radiculopathy, (6) Cervical radiculitis, (7) Cervical disk displacement. Patient continues with neck pain with associated numbness in his fingers. The patient reports that medications take the edge off of his pain. He reports his pain at a 5/10. Exam findings include: The patient walks on the heels with difficulty due to pain. There is tenderness to palpation at the paralumbar muscles. There is atrophy noted in the quadriceps. There is decreased range of motion in the lumbar spine. Straight leg raising is positive at 40 degrees bilaterally. Deep tendon reflexes are absent at the knees. A request was made for the patient to undergo a [REDACTED] Program based on the fact that the patient needs to lose weight in order to reduce his pain. Patient was continued on Norco, Flexeril, and zolpidem which was denied by the utilization review letter dated 07/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Program:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039 .

Decision rationale: The patient continues with neck pain and low back pain. The treating physician had requested the weight loss program to help facilitate a reduction in pain. MTUS Guidelines are silent on the issue of weight loss programs. Therefore, other guidelines were reviewed. AETNA Guidelines state that weight reduction medications are considered medically necessary for members who have failed to lose at least 1 pound per week after at least 6 months on a weight loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below: 1. BMI greater than 30 or BMI greater than 27 with comorbidities. 2. Related risk factors such as coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, type 2 diabetes. The treating physician does not provide documentation of the patient's BMI of their weight. There is no mention of previous attempts at weight loss or increased physical activity to attempt weight loss. Therefore, the request for [REDACTED] Program is not medically necessary or appropriate.

Norco 10/325 mg every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Therapeutic Trial of Opioids regarding On-Going Management Page(s): 81, 78, 88, 89.

Decision rationale: The patient continues with significant pain in the neck and low back. The Chronic Pain Medical Treatment Guidelines recommends that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The Chronic Pain Medical Treatment Guidelines recommend ongoing monitoring of the 4As which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Progress reports between 11/15/2012 and 06/27/2013 were reviewed which do not contain documentation regarding functional benefit the patient has received other than general comment that the patient reports that the edge is taken off of pain. There were no numerical scale used to determine the patient's pain and function. There does not appear to be consistent evaluation of adverse side effects. There is more than 1 urine drug screen with reports that were inconsistent and the treater does not address the findings. The continuation of Norco in this case does not appear to be supported by the guidelines noted above. The request for Norco 10/325 mg every 12 hours, is not medically necessary or appropriate.

Flexeril 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmidâ€¢, generic available) Page(s): 64.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with neck pain and low back pain. The patient has been on chronic use of Flexeril as far back as November 15, 2012. The Chronic Pain Medical Treatment Guidelines states that it is recommended for a short course of therapy. It is limited, mixed evidence does not allow for a recommendation for chronic use. The Chronic Pain Medical Treatment Guidelines further states that this medication is not recommended to be used for longer than 2 to 3 weeks. The records appear to indicate this patient has been using his medication for chronic use. The request for Flexeril 10 mg is not medically necessary or appropriate.

Zolpidem 10 mg: 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), Chronic Pain Chapter Online, Zolpidem Section.

Decision rationale: The patient continues with neck pain and low back pain. The progress reports reviewed do not appear to mention complaints from the patient of insomnia. MTUS Guidelines are silent regarding zolpidem. Therefore, ODG Guidelines were reviewed which states that this medication is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The long-term use of this medication does not appear to be supported by the guidelines noted above. The request for Zolpidem 10 mg is not medically necessary or appropriate.