

Case Number:	CM13-0021639		
Date Assigned:	11/13/2013	Date of Injury:	05/19/2001
Decision Date:	04/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation 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 49 year old female who was injured on 05/19/2001 while she was taking a tray filled with dirty plates to the kitchen. There was water on the ground causing her to slip and fall into a seated position. A UR dated 08/07/2013 approved Phentermine and psychological consultation. Prior treatment history has included injections and vitamin B12. She was given a muscle relaxer which helped somewhat, but she stated the pain continued to be severe. The patient underwent bilateral laminectomy at L4-5 in 2002, fusion of L4-5 in 2005, and removal of hardware L4-5 in 2008. Diagnostic studies reviewed include CT scan of the lumbar spine performed on 06/20/2013 revealed status post L5-S1 and S1-S2 fusion with lumbosacral laminectomy; no gross osseous central canal encroachment; spondylolisthesis likely chronic and stable given interbody fusion; no neural foraminal narrowing at L4-5. A urine drug screen dated 05/22/2013 indicated Gabapentin with inconsistent results; not listed as prescribed; and Tramadol with consistent results which she is taking as prescribed. A PR2 dated 07/03/2013 indicated the patient continues to be severely symptomatic. She complains of significant low back pain. She is having significant right-sided leg numbness, tingling, and heaviness. She is suffering from a lot of anxiety and stress. She states she is gaining a significant amount of weight. On examination of the lumbar spine reveals there is a significantly reduced range of motion; Sciatic stretch is positive. Straight leg raise is positive. There is decreased sensation at the L5 and S1 dermatomes. There is significant weakness to the right lower extremity musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LINDORA WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. *Ann Intern Med* 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Clinical Policy Bulletin: Weight Reduction Medications and Programs," http://www.aetna.com/cpb/medical/data/1_99/0039.html, and http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/wtl_prog.htm.

Decision rationale: According to the 07/03/2013 medical report, the patient states she has gained a significant amount of weight. However, the medical records do not document the patient's current weight, height, or BMI. In addition the medical records do not document any attempts made by the patient to manage her weight or decrease weight on her own. The references suggest a clinician supervised weight loss program may be considered when certain criteria have been met. However, the medical records also do not establish failure to lose at least one 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. The medical necessity for consideration of a weight loss program has not been established. There is no indication that Lindora would be any more beneficial than any other weight management program. The medical records do not establish this patient is unable to adopt a low-calorie diet and exercise program on her own, which would be equally efficacious. The request is not medically necessary and appropriate.

ONE PAIN MANAGEMENT CONSULTATION FOR CONSIDERATION OF LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order for epidural steroid injections to be appropriate. Motor weakness and sensory deficits are noted on the physical examination performed on 7/3/2013; however the medical records do not establish the findings to be new or recent findings, as to suggest progression or new development of nerve root compromise. The medical records do not establish the patient presents with worsening symptoms of painful radiculopathy, or change in objective findings. In addition, the CT scan of the lumbar spine performed on 06/20/2013 revealed there is no osseous central canal encroachment and no foraminal narrowing. Finally, the records do not detail recent attempts with conservative treatment, such as exercises, physical methods, NSAIDs and muscle relaxants. The medical records do not establish the patient is a

candidate for lumbar epidural steroid injection. Consequently, the request is not medically necessary and appropriate.

ONE INTERNAL MEDICINE CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The ACOEM Guidelines state the role of the clinician is to provide appropriate medical evaluation and treatment that adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The medical records do not provide the clinical rationale regarding the request for an internal medicine consultation. The patient is not deemed a candidate for the Lindora weight loss program. The records do not document any subjective complaints and correlative clinical findings pertaining to an internal medicine issue that would necessitate a specialty referral. The request is not medically necessary and appropriate.

ONE PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option, using a short course of therapy. The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The PR2 dated 07/03/2013 indicates the patient continues to be severely symptomatic, with complaints of significant low back pain, and symptoms into the right leg. The examination findings support that the patient presented with an exacerbation of her chronic low back pain. It would be reasonable to provide a short course of a muscle relaxant to address her low back flare-up. However, the request for Cyclobenzaprine #60 with 2 refills is not supported by the MTUS Guidelines, since only short-term use is recommended. Therefore, the submitted request is not medically necessary and appropriate.

ONE PRESCRIPTION OF GABAPENTIN 600MG #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-19.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is not clear whether the patient continued Gabapentin use, and if any benefit had been obtained with its use. The patient is noted to continue to be severely symptomatic with low back and radicular pain and symptoms. Although Gabapentin is not generally indicated for radicular-type pain, it is noted to be effective in treatment of some similar pain etiologies. Gabapentin may be beneficial in this case, in which case a thorough assessment of her response to a one month trial would be reasonable. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. However, given that it is not established that this medication is beneficial, the medical necessity of the requested Gabapentin 600mg #120, with 2 refills is not established. Therefore, the submitted request is not medically necessary and appropriate.