

Case Number:	CM13-0040223		
Date Assigned:	06/09/2014	Date of Injury:	01/15/2013
Decision Date:	08/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 41-year-old male with a date of injury of 01/15/2013. The listed diagnoses per the provider are: lumbar disk protrusion, L5-S1, lumbar radiculopathy, lumbar spine mild ligamentous sprain/strain, thoracic disk protrusion, T7-T8, and thoracic spine mild ligamentous sprain/strain. According to progress report 08/06/2013 by the provider, the patient presents with low back pain and paresthesia in the right calf with episodes of severe cramping and muscle spasm of the right calf. The patient weighs 360 pounds. Examination of the lumbar spine revealed slight tenderness to the lumbar paravertebral muscles. There is no spasm or tenderness noted. Range of motion is flexion 35 degrees, extension 5 degrees, and right and left lateral bending 10 degrees. Straight leg raise is 35 degrees on the right and 50 degrees on the left. MRI (magnetic resonance imaging) of the lumbar spine performed on 03/09/2013 revealed 3-mm paracentral disk protrusion at L4-L5 with annular fissure. There is disk degeneration and mild disk bulge at L5-S1. Electrodiagnostic studies performed on 05/02/2013 showed mild right active L5 radiculopathy. The treating physician is requesting a medically supervised weight loss program, 2 lumbar epidural injections on the right at L4-L5, Relafen 75mg #60, and Tramadol 150mg #30. The utilization review denied the request on 10/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program such as [REDACTED], Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Franz, M. J. et al. (2007). Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. Journal of the American Dietetic Association. Oct;107(10):1755-67.

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: Aetna Weight Reduction Medications and Programs (Number: 0039).

Decision rationale: This patient presents with low back pain and paresthesia in the right calf with episodes of severe cramping and muscle spasm of the right calf. The patient weighs 360 pounds. The treating physician indicates the patient is significantly overweight and is obese with a body mass index (BMI) of 48.8. The patient has been trying to lose weight for the last past six months and has been unsuccessful. The treater is requesting a medically supervised weight loss program such as [REDACTED]. The MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Programs specifically. However, [REDACTED] Weight Reduction Medications and Programs (Number: 0039) states that weight reduction medications and programs are considered medically necessary for members who have failed to lose at least one pound per week after at least six 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 including: BMI greater than or equal to 30, coronary heart disease, dyslipidemia, hypertension, obstructive sleep apnea, and type 2 diabetes mellitus. Weight reduction medications are considered experimental and investigational when these criteria are not met. [REDACTED] also states weight reduction programs are considered for patients who have failed to lose weight and has a BMI greater than 30. It appears the patient meets the criteria provided by [REDACTED] for a weight loss program. However, the request lacks scope and duration. The request is open-ended. A short trial of [REDACTED] weight loss program would be reasonable and perhaps to continue with documented improvement but an open-ended request cannot be considered. As such, the recommendation is for denial.

Lumbar epidural injections on the right at L4-5 level, Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: This patient presents with low back pain and paresthesia in the right calf with episodes of severe cramping and muscle spasm of the right calf. The treating physician is requesting a series of two lumbar epidural injections on the right at the L4-L5 level. The treating physician reports the patient continues to have radiating pain to the right lower extremity, muscle spasm, and sensory changes. The MTUS Guidelines has the following regarding epidural steroid injections (ESIs), recommend ESI as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50 percent pain relief with associated reduction of medication for six to eight weeks with a general recommendation of no more than 4 blocks per year. In this

case, the recommendation cannot be made as MTUS does not recommend a series of injections. The MTUS requires documentation of functional improvement and reduction of medication for repeat injections to be considered. As such, the recommendation is for denial.

Retrospective Relafen 750mg, date of service 8/6/2013, Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61; 22; 67-68.

Decision rationale: This patient presents with low back pain and paresthesia in the right calf with episodes of severe cramping and muscle spasm of the right calf. The treating physician is requesting a refill of Relafen 750mg #60. The MTUS guidelines support use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain as a first line of treatment. In this case, this patient has been taking Relafen since at least 01/23/2013. Review of subsequent progress reports does not discuss, at any time, the efficacy of this medication. The MTUS also requires documentation of pain assessment and function changes when medications are used for chronic pain. As such, the recommendation is for denial.

Retrospective Tramadol XR 150mg, date of service 8/6/2013, Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with low back pain and paresthesia in the right calf with episodes of severe cramping and muscle spasm of the right calf. The treating physician is requesting a refill of tramadol XR 150mg #30. The MTUS requires pain assessment that 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. Review of the medical records indicates the patient was prescribed tramadol by [REDACTED] on 01/23/2013. [REDACTED] comprehensive progress report provides brief synopsis of progress reports from 01/23/2013 to 03/29/2013 which provide no discussion on the efficacy of Tramadol. On 08/06/2013, [REDACTED] requested a refill of tramadol. This report does not provide any functional improvement, outcome measure, or pain assessment as required by MTUS. As such, the recommendation is for denial.