

<b>Case Number:</b>	CM13-0045990		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/19/1996
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational 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 an employee of the [REDACTED] who has filed a claim for headaches, neck, back, left shoulder, and upper extremities pain associated with an industrial injury of July 19, 1996. Thus far, the patient has been treated with cervical epidural steroid injections which provided relief for around 6 months, cervical facet blocks to the bilateral C4-5 and C5-6 levels, lumbar epidural steroid injection dated January 19, 2013 with significant reduction in pain; acupuncture, chiropractic therapy, IF unit, physical therapy, [REDACTED] weight loss program, NSAIDs which had been discontinued in January 2013, topical creams, and opioids. Patient also underwent carpal tunnel release on the right and left, and breast reduction surgery with resulting decrease in neck pain. EMG of the upper extremities performed December 10, 2010 was normal, Electromyography (EMG) of the lower extremities performed on January 2011 showed right S1 radiculopathy. MRI of the left shoulder performed July 19, 2013 showed rotator cuff tear. In the utilization review report of October 29, 2013, the claims administrator denied a request for [REDACTED] medical weight loss program as there was no documentation to support necessity; home health care as it was not specified which medical services were needed; Norco refill as there was no documentation regarding benefits derived and proper medication used; Fexmid as it was not supported for chronic use; Ambien as it was not recommended for long-term use; and epidural injections to L3-4, L4-5, L5-S1. Review of progress notes shows that patient also experiences anxiety attacks and depressive symptoms. Patient still experiences numbness and weakness in both hands, neck pain with aching across the shoulder blade, left shoulder constant pain with weakness, low back pain radiating to lower extremities, right worse than the left which necessitates use of a cane to walk with difficulty performing daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**weight loss 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 Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by Tsai, AG and Wadden, TA; Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs.

**Decision rationale:** Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20% or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m<sup>2</sup>; or a BMI greater than or equal to 27 and less than 30 kg/m<sup>2</sup> and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. In this case, progress note dated June 11, 2013 showed that patient is on [REDACTED] Medical Weight loss program and progress note from April to May 2013 showed continued weight loss of 27 and 5 pounds, respectively. There is authorization for additional 2 months of [REDACTED] weight loss program dated August 29, 2013; but no documentation regarding whether this had been initiated or not. Therefore, the request for [REDACTED] medical weight loss program was not medically necessary.

**Home health care;four hours a day for five days a week to assist with daily activities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** As noted on page 51 of the Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week, which does not include homemaker services. In this case, there is note that patient experiences difficulty performing ADLs. However, there is no documentation of specific health services the patient requires. Therefore, the request for home health care was not medically necessary per the guideline recommendations of MTUS.

**Refill of Norco 10/325mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been started on Norco since December 2010; there is no documentation of the dosage regimen or any modifications in dosage. There is documentation of urine drug screens to monitor usage of medications. However, there is no information regarding the symptomatic and objective functional benefits provided by this medication. Therefore, the request for Norco 10/325mg #60 was not medically necessary per the guideline recommendations of MTUS were not met.

**Fexmid 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is note of use of muscle relaxants since December 2010, dosage regimen unspecified. Long-term use of muscle relaxants is not recommended. Therefore, the request for Fexmid 7.5mg #120 was not medically necessary per the guideline recommendations of MTUS.

**Ambien 10mg#30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment Disability Duration Guidelines (DDG), Non-Benzodiazepine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate), Other Medical Treatment Guideline or Medical Evidence: FDA, Ambien.

**Decision rationale:** According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. In this case, there has already been note of use Ambien since

December 2010 and dosage was increased from 10 to 20mg in June 2013. Long-term use of this medication is not recommended. Therefore, the request for Ambien 10mg #30 was not medically necessary per guideline recommendations.

**Epidural injection to the L3-L4, L4-L5,L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** As noted on page 300 of the MTUS ACOEM Guidelines, there is no support for epidural injection treatment in the absence of an objective radiculopathy in the management of injuries to the back, and then only in an effort to avoid surgery. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, there is note that the patient underwent a lumbar injection in January 2013 with resulting pain relief of 50% for about a week. In this case, documentation notes inadequate positive response of lumbar epidural injection, showing symptomatic relief for about a week. There is no documentation of objective improvement. Therefore, the request for epidural injection L3-4, L4-5, L5-S1 was not medically necessary per the guideline recommendations of MTUS.