

Case Number:	CM13-0061311		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2004
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 54-year-old male who was injured on 05/18/2004. The patient was in the cab of a skip loader machine repairing a fence in the freeway when the machine flipped over going over boulder. The patient was tossed around the cab and his head was pushed against the roof. He lost consciousness. Prior treatment history included acupuncture, trigger pint injections and medications. The patient had extracorporeal shockwave therapy performed 05/21/2012, 04/30/2012, and on 04/23/2012. Medications list included Neurontin, Tizanidine, Zolpidem, Norco, Neurontin, Zanaflex, and Butrans. Urine toxicology review dated 03/15/2013 revealed positive detection of Hydrocodone and positive detection of Hydromorphone. There were no Hydromorphone or hydrocodone medications listed for this patient. Urine toxicology review dated 10/29/2013 revealed positive detection of Hydrocodone and positive detection of Tramadol. Tramadol is indicative of use of a Tramadol medication. There were no Tramadol medications listed for this patient. PR-2 note dated 01/28/2003 documented the patient was diagnosed with C5-6 herniated nucleus pulposus, status post C5-6 anterior cervical discectomy and fusion 11/08/06; Right shoulder rotator cuff contusion; right shoulder impingement, status post arthroscopy; bilateral carpal tunnel syndrome; lumbar discopathy; L5-S1 herniated nucleus pulposus; right knee cruciate ligament sprain; morbid obesity; Bruxism; status post lumbar spine surgery-08/18/10. PR-2 note dated 09/06/2013 documented the patient to have requested palliative trigger point injections as they had been beneficial in the past. Objective findings on exam included the patient remained morbidly obese. He had right periscapular pain and tenderness and lumbar spine tenderness over the incision site. PR-2 note dated 10/24/2013 documented the patient to have complaints of constant neck and back pain. Effective treatment has included temporary pain relief with acupuncture. He remained symptomatic. He was requesting palliative trigger point injections. He was once again requesting additional

acupuncture. He last had acupuncture treatment three months ago. Objective findings on exam included the patient remained morbidly obese. He had bilateral periscapular and thoracic spine tenderness and muscle guarding. He had bilateral lumbar multifidus tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Acupuncture treatments Quantity 24: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further guidelines indicated that time to produce functional improvement: 3 to 6 treatments and then extended if functional improvement is documented. This patient continues to have intractable neck and back pain complicated by super morbid obesity. The records provided indicate no documentation of significant functional improvement in ADLs or decreased pain level. Additionally, there is no mention of re-evaluation to determine objective functional improvement. Thus, the current request is for acupuncture treatment x24 visits is not medically necessary and is non-certified.

request for Pending ██████ Weight loss Program (unspecified duration) Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG)

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, Clinical Policy Bulletin: Weight Reduction Medications and Program. The Physician Reviewer's decision rationale

Decision rationale: California Medical Treatment Utilization Schedule and Official Disability Guidelines do not discuss the issue in dispute and therefore other evidence based guidelines have been consulted. In this case, the patient is morbidly obese and the provider has requested ██████ Weight loss program. As per the referenced guidelines, weight loss program is recommended if the patient has failed to lose weight with low calorie diet, increased physical activity, behavioral therapy and has BMI greater than or equal to 30 or 27 if patient has heart disease or dyslipidemia. In this case, there is no documentation of failure to the above regimen or documentation of patient's weight or BMI. Thus, the medical necessity has not been established and the request is non-certified.

request for prescription of Tizanidine 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As per Chronic Pain Medical Treatment guidelines, Tizanidine is a muscle relaxant recommended "for non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond (NSAIDs) non-steroidal anti-inflammatory drugs in pain and overall improvement." Records review lacks documentation of muscle spasms on the physical exam. Additionally, this patient is on this medication at least since March 2013 with no documentation of objective functional improvement. Thus, the request for Tizanidine 4 mg is non-certified.

request for prescription of Ambein 10mg: 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), Chapter - Mental Illness & Stress, Zolpidem

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not discuss the issue in dispute and hence (ODG) Official Disability Guidelines have been consulted. As per ODG, Ambien (Zolpidem) is not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. In this case, this patient has been taking this medication chronically and therefore the request for Ambien is non-certified.