

Case Number:	CM14-0156053		
Date Assigned:	09/25/2014	Date of Injury:	04/10/2012
Decision Date:	10/27/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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:

There were 31 pages for this review. There was a primary treating physicians report. The doctor recommends a right sacroiliac joint injection and possible right sacroiliac rhizotomy for bilateral L4-S1 medial branch block. A UR denial was received. She is putting more effort into equalizing the weight under both legs and the patient is performing a home exercise program. She has bilateral shoulder strain with impingement. There is a right wrist sprain and de Quervain's tenosynovitis. There was an L4-S1 with stenosis. The patient was taught exercises. The patient had a good response to the shoulder injection. There was a right knee sprain and right ankle sprain with calcaneal spur and plantar fasciitis. There was a review dated September 17, 2014. The patient is a 47-year-old female with an injury occurring on April 10, 2012. The provider has submitted a prospective request for 120 Tylenol number four, a weight loss program, 60 Fexmid 7.5 mg and one random urine drug screen. There was a medical report from August 19, 2014. She showed 3+ sacroiliac joint orthopedic tests and exhausted several modalities. She exhausted medicine, therapy, weight loss program and the use of the lumbar traction unit. She continued to have pain and was a viable candidate for a right sacroiliac injection. As of July 22, the pain was rated three out of 10 on medicine and 6 to 7 out of 10 without medicine with one to four hours of relief. The right side was improving more than the left. There is bilateral sacroiliac pain as well. She has been taught scapular exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines National Guidelines Clearinghouse

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. Medical Disability Advisor, under Obesity and weight loss

Decision rationale: Both the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG)-TWC guides are silent on opinions regarding weight loss. The Medical Disability Advisor, notes many ways to lose weight: "The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Calorie restriction has remained the cornerstone of the treatment of obesity. The standard dietary recommendations for losing weight include reducing total calorie intake to 1,200 to 1,500 calories per day for women, and to 1,500 to 1,800 calories per day for men ("Obesity"). Saturated fats should be avoided in favor of unsaturated fats, but the low-calorie diet should remain balanced. Keeping a food journal of food and drink intake each day helps individuals to stay on track. The addition of an exercise program to diet modification results in more weight loss than dieting alone and seems especially helpful in maintaining weight loss and preserving lean body mass. Moderate activity (walking, cycling up to 12 miles per hour) should be performed for at least 30 minutes per day, 5 days a week or more. Vigorous activity that increases the heart rate (jogging, cycling faster than 12 miles per hour, and playing sports) should occur for at least 20 minutes, 3 days a week or more. Although vigorous workouts do not immediately burn great numbers of calories, the metabolism remains elevated after exercise. The more strenuous the exercise, the longer the metabolism continues to burn calories before returning to its resting level. Although the calories lost during the post exercise period are not high, over time they may count significantly for maintaining a healthy weight. Included in any regimen should be resistance or strength training 3 or 4 times a week. Even moderate regular exercise helps improve insulin sensitivity and in turn helps prevent heart disease and diabetes. Exercising regularly is critical because it improves psychological well-being, replaces sedentary habits that usually lead to snacking, and may act as a mild appetite suppressant. Behavior modification for obesity refers to a set of principles and techniques designed to modify eating habits and physical activity. It is most helpful for mildly to moderately obese individuals. One frequently used form of behavior modification called cognitive therapy is very useful in preventing relapse after initial weight loss." None of these MDA measures require a formal program; therefore, it is not possible to say a formal program is a necessary measure to lose weight in this patient. A weight loss program is not necessary to achieve weight loss; there are many no to low cost programs available in the United States to help people in weight loss efforts, such that a formal program would not be medically necessary. Therefore, the weight loss program request is not medically necessary and appropriate.

60 Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the California MTUS.

1 random urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing, the California Medical Treatment Utilization Schedule MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary and appropriate.