

Case Number:	CM14-0158941		
Date Assigned:	10/03/2014	Date of Injury:	10/31/2011
Decision Date:	12/02/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine & 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:

This patient is a 45 year old female with a date of injury of 10/31/2011. The listed diagnoses per [REDACTED] are chronic neck pain, thoracic outlet syndrome, left shoulder internal derangement, chronic pain syndrome and TMJ. According to progress report 8/26/14, the patient presents with persistent bilateral shoulder, upper back and neck pain. Patient pain is "helped" by topical NSAID and periodic Vicodin. Examination of the neck revealed tightness and tenderness of the bilateral trapezius muscles. The patient is temporary totally disabled through 10/1/14. The request is for Med X1 Continue Topical NSAID, Meds x3 Vicodin 5/300mg, Valium 10 #30, Belviq 10mg #60 and Cervical Traction Unit. Utilization review denied the request on 9/4/14. Treatment reports from 3/11/14 through 10/21/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med x1 continue topical NSAID/analgesic for topical control of pain/inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with persistent bilateral shoulder, upper back and neck pain. The provider is requesting Topical NSAID for pain and inflammation. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." For topical NSAIDs, recommendation is for peripheral joint arthritis and tendinitis pain. In this case, the patient does not meet the indications for this medication. Therefore, this request is not medically necessary.

Meds x3 Vicodin 5/300 no. 30 PRN pain, Valium 10mg 1 qhs no. 30 for spasms/sleep, Belviq 10mg bid no. 60 for weight reduction: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78. 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 persistent bilateral shoulder, upper back and neck pain. The request is for Vicodin 5/300mg #30 for pain, Valium 10mg #30 for spasm and Belviq 10mg #60 for weight loss. For Vicodin 5/300mg #30, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Vicodin since at least 6/12/14. In this case, recommendation of further use of Vicodin cannot be supported as the provider provides no discussion regarding specific functional improvement or changes in ADLs as required by MTUS for long term opiate use. There is no discussion of aberrant behaviors, Urine drug screens are not provided and CURES report is not discussed. Given the lack of sufficient documentation for opiate use, recommendation is not medically necessary. For Valium 10mg # 30, the MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit 4 weeks." In this case, the patient has been prescribed Valium since at least 7/24/14. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." Therefore, this request is not medically necessary. For Belviq 10mg #60, the MTUS, ACOEM and ODG guidelines do not discuss Weight Loss Medications specifically. However, Aetna Weight Reduction Medications and Programs (Number: 0039) states, " 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 6 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." Review of the medical file does not show that this patient meets the criteria provided by Aetna for a weight reduction program. Furthermore, the provider does not discuss if other measures of weight loss have been tried and failed. Aetna states weight reduction programs are considered for patients who have failed to lose weight after low calorie diet and physical activities. Therefore, this request is not medically necessary.

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181.

Decision rationale: This patient presents with persistent bilateral shoulder, upper back and neck pain. The provider requests for a cervical traction kit. ACOEM guidelines, Chapter 8, page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, ACOEM chapter 8, page 181 under Neck and upper back complaints states "Not Recommended." In this case, there is no description of what kind of traction unit is being requested. Additionally, the ACOEM guidelines do not support cervical traction units; therefore, this request is not medically necessary.