

Case Number:	CM14-0031793		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2011
Decision Date:	07/17/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 51-year-old female who reported an injury on 12/11/2012. The mechanism of injury was the injured worker was performing her regular job duties when she noticed swelling in the left thumb and hand. The injured worker was treated with a brace, physical therapy, left shoulder surgery, left trigger thumb surgery, and medications including opiates, anti-epileptic medications, NSAIDs, and Benefiber. The documentation of 12/12/2013 revealed the injured worker complained of numbness and tingling into the bilateral upper extremities along with neck stiffness. The physical examination of the cervical spine revealed tenderness to palpation in the bilateral upper trapezius. The injured worker had a positive axial compression test and decreased sensation to the left upper extremity. The injured worker's BMI was noted to be 42 with a height of 5 feet 1 inch and a weight of 220 pounds. The diagnosis included cervical spine sprain and strain. The treatment plan included an RFA for 10 weeks weight loss program with [REDACTED] as recommended. The injured worker was noted to be extremely obese. The treatment plan additionally included a surgical vascular consult for positive MRA and MRV of bilateral thoracic outlet syndrome. It was indicated the physician was awaiting the records of the left upper extremity EMG/NCV to consider a left carpal tunnel release. Medications included Norco 10/325 1 by mouth every 12 hours as needed pain, Fexmid 1 by mouth twice a day #60 for the treatment of spasms, and Neurontin 600 mg 1 by mouth twice a day #60 for the treatment of neuropathic pain.

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 Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians, p 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle.

Decision rationale: The Official Disability Guidelines indicate that lifestyle modifications including diet and exercise are appropriate as first-line interventions. The clinical documentation submitted for review failed to indicate the injured worker was utilizing lifestyle modifications and was exercising or had failed the first line interventions. The request as submitted failed to indicate the duration for the requested weight loss program. Given the above, the request for 1 weight loss program is not medically necessary.

1 consult with vascular surgical specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-2. 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): 179-180.

Decision rationale: ACOEM Guidelines indicate that a surgical referral is appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms, activity limitations for more than 1 month or with extreme progression of symptoms, and have clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-term and long-term, as well as unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had a positive MRA/MRV and thoracic outlet syndrome, as well as had an EMG/NCV with results not available. However, there was a lack of documentation indicating the official read for the MRI/MRV and there was lack of documentation of electrophysiologic evidence. There was lack of documentation indicating the injured worker had the type of conservative treatment the injured worker participated in. Given the above, the request for 1 consult with vascular surgical specialist is not medically necessary.

60 tablets Cyclobenzaprine (7.5mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. Additionally, as the medication is indicated for less than 3 weeks, the request for 60 tablets would be excessive. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 tablets Cyclobenzaprine 7.5 mg is not medically necessary.