

Case Number:	CM14-0075447		
Date Assigned:	07/16/2014	Date of Injury:	01/05/2010
Decision Date:	09/12/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 Pain Medicine and 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:

The patient is a 53 year old male with an injury date of 01/05/10. The 04/21/14 and 02/03/14 progress reports by [REDACTED] state that the patient presents with constant lower back pain rated 8/10 radiating to the bilateral legs with associated numbness and tingling. Pain increases with walking and prolonged standing and decreases with medication and rest. He has intermittent upper back pain rated 5/10 that radiates to the left shoulder and chest without associated numbness and tingling. Pain increases with twisting and decreases with medication. He also presents with bilateral knee pain which is rated 6/10 for the left and 4/10 for the right. The patient reports to giving out of the knees. Pain increases with walking and decreases with medication and lying down. He also presents pain to the head and the teeth. [REDACTED] states the patient is in no distress, has antalgic gait, ambulates with a cane and wears a special right shoe due to leg length discrepancy. The patient's diagnoses include the following: 1. Chronic cervical strain, 2. Advanced degenerative disc disease of C5-C6, 3. Moderate to advanced degenerative disc disease of C4-C5, 4. Prior C5 vertebral body fracture, 5. Degenerative grade 1 spondylolisthesis of L4-L5, 6. Moderate disc extrusion of L5-S1 with right lower extremity radiculopathy, 7. Right distal transcondylar fracture with open reduction internal fixation on 01/06/10 and subsequent repairs of nonunion on 04/27/10 and 07/27/11, 8. Open reduction and internal fixation of right patellar fracture on 01/06/10, 9. A 5.3 cm right leg length discrepancy, 10. Left knee lateral tibial plateau fracture, healed, 11. Right Tibial typical fracture, open reduction internal fixation in 1977, prior. 12. Deep venous thrombosis of the right lower extremity, resolved. The 02/03/14 treatment report states current medications include Norco, Arhrotex, Flexeril, Lipitor and blood pressure medications. The utilization review date being challenged is dated 05/14/14. Treatment reports were provided from 04/07/12 to 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec DR 75mg/0.2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014, Pain chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs, middle back pain radiating to the left shoulder and chest, bilateral knee, head, and teeth pain and the treating physician requests for Arthrotec (an NSAID) DR 75mg/0.2mg#60. It is not known how long the patient has been taking this medication. The 02/03/14 treatment report by [REDACTED] and the 09/18/12 Agreed Medical Exam (AME) reports include it in the current medications list. MTUS guidelines for medications for chronic pain pages 60 & 61 state that before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. The guidelines further state that a record of pain and function with the medication should be recorded. Review of the reports, shows the treater does not discuss the rationale for the use of Arthrotec, for what purpose and with what results. Recommendation is not medically necessary.

Cyclobenaprine 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain- Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs, middle back pain radiating to the left shoulder and chest, bilateral knee, head, and teeth pain. The treating physician requests for Cyclobenzaprine 10 mg #30 with 2 refills. The 05/14/14 utilization review modified this request to no refills. It is not known when the patient began taking this medication but this medication is listed on 2/13/14 qualified medical exam (QME) report. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP)." MTUS does not recommend more than 2-3 weeks for use of this medication. Review of the reports show that this patient has

been on this medication for at least several months and the treater does not mention that it is to be used for short-term only. Recommendation is not medically necessary.

Hydrocodone/ APAP 10/325 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs, middle back pain radiating to the left shoulder and chest, bilateral knee, head, and teeth pain. The treating physician requests for Hydrocodone /APAP 10/325 MG #90 with 1 refill. The utilization review dated 05/14/14 modified this request to no refills. It is not known when the patient began taking this medication. Per the 02/03/14 report by [REDACTED] and the 09/18/12 agreed medical exam (AME) report, Norco is included in the current medications list. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, activities daily living (ADLs), adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Per the 02/03/14 report the treater discusses a pain scale for the lower back, upper back and bilateral knees. It is also stated that pain decreases with medication and rest. Outside these generic statements, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures or specific ADL's are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines on Weight loss program: (http://www.aetna.com/cpb/medical/data/1_99/0039.html) Clinician Supervision of Weight Reduction Programs.

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 Guidelines on Weight loss program:(http://www.aetna.com/cpb/medical/data/1_99/0039.html)Clinician Supervision of Weight Reduction Programs.

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs, middle back pain radiating to the left shoulder and chest, bilateral knee, head, and teeth pain. The treating physician presents for a weight loss program. The 02/13/14 physical examination states the patient's height as 6'1" and weight as 308 pounds. The 09/18/12 agreed medical exam (AME) report states his height as 5' 11". General appearance is stated as well developed, well nourished, alert and oriented, obese with normal affect. MTUS/ACOEM Guidelines and Official Disability Guidelines (ODG) do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined

limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. The following services are considered medically necessary for the evaluation of overweight or obese individuals: Complete blood count, Comprehensive history and physical examination, Dexamethasone suppression test and 24-hour urinary free cortisol measures if symptoms suggest Cushing's syndrome. Electrocardiogram (EKG) adult, Glucose tolerance test (GTT), Hand x-ray for bone age child, Lipid profile (total cholesterol, HDL-C, LDL-C, triglycerides), Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) (SMA 20), Thyroid function tests (T3, T4, TSH), Urinalysis, In this case, other than the treating physicians observations on the patient's general appearance, no discussion or documentation of Body Mass Index or the above services has been provided in the reports reviewed. The treating physician does reference the 09/18/12 AME report in his request; however, a review of this report revealed no discussion of weight loss. Therefore, recommendation is not medically necessary.

the reports reviewed. The treating physician does reference the 09/18/12 AME report in his request; however, a review of this report revealed no discussion of weight loss. Therefore, recommendation is not medically necessary.