

Case Number:	CM14-0103847		
Date Assigned:	07/30/2014	Date of Injury:	09/22/2010
Decision Date:	07/02/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old Female, who sustained an industrial injury on 9/22/10. She reported pain in the neck, low back, left shoulder, left arm, and foot. The injured worker was diagnosed as having cervicothoracic strain/arthrosis/discopathy with neural foraminal stenosis, lumbosacral strain/arthrosis/discopathy with neural foraminal stenosis, and internal medicine complaints including abdominal pain. Treatment to date has included physical therapy, TENS, and medications including Vicodin and Lorazepam. Currently, the injured worker complains of neck pain that radiates to the shoulders and bilateral upper extremities, bilateral shoulder pain, chest pain, back pain, and nausea. The treating physician requested authorization for a 10 week weight loss program at [REDACTED], a gastroenterologist consultation, Omeprazole 20mg #60, and Ibuprofen 10% 60g.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Week Weight Loss Program at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and Surgical Management of Obesity in Primary care: A Clinical Practice Guidelines from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7):525-31, Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities to fingertips, bilateral shoulder pain, chest pain, and back pain. The request is for 10-week weight loss program at [REDACTED]. The request for authorization is not provided. Physical examination reveals tenderness over the bilateral paraspinals at the mid and low cervical spine. There is tenderness over the midline lumbar, right paraspinals, right buttocks and right PSIS. There is pain at the extremes of low back range of motion. FABERE and reverse FABERE test are positive, bilaterally. Per progress report dated 05/05/15, the patient is permanent and stationary. MTUS, ODG, and ACOEM are silent regarding the request for weight loss program. Therefore, AETNA website http://www.aetna.com/cpb/medical/data/1_99/0039.html was referenced: AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²)." AETNA allows for medically supervised programs only and not other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Per progress report dated, 05/05/14, treater's reason for the request is it "would definitely have a positive impact on the patient's lumbar spine symptomatology." The patient is 5 feet 6 inches and weighs approximately 318 pounds with a body mass index of 51.4. Physician-monitored programs are supported for those with BMI greater than 30, for which the patient qualifies. However, provided progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. There is no mention of trialed and failed caloric restrictions with increased physical activity. Therefore, this request IS NOT medically necessary.

1 Gastroenterologist Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities to fingertips, bilateral shoulder pain, chest pain, and back pain. The request is for 1 gastroenterologist consultation. The request for authorization is not provided. Physical examination reveals tenderness over the bilateral paraspinals at the mid and low cervical spine. There is tenderness over the midline lumbar, right paraspinals, right buttocks and right PSIS. There is pain at the extremes of low back range of motion. FABERE and reverse FABERE test are positive, bilaterally. Per progress report dated 05/05/15, the patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 05/05/14, treater's reason for the request is "the patient's ongoing gastrointestinal symptomatology." In this case, the patient

has a diagnosis of internal medicine complaints (abdominal and hypertension). It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a gastroenterologist consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.

1 Prescription of Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities to fingertips, bilateral shoulder pain, chest pain, and back pain. The request is for 1 prescription of Omeprazole 20MG, #60. The request for authorization is not provided. Physical examination reveals tenderness over the bilateral paraspinals at the mid and low cervical spine. There is tenderness over the midline lumbar, right paraspinals, right buttocks and right PSIS. There is pain at the extremes of low back range of motion. FABERE and reverse FABERE test are positive, bilaterally. Per progress report dated 05/05/15, the patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/25/14, treater's reason for the request is "The patient has a history of peptic ulcer disease." In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Furthermore, review of provided medical records do not show evidence the patient is taking any NSAID. Therefore, the request IS NOT medically necessary.

1 Prescription of Ibuprofen 10%, 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Non-Steroidal Anti-inflammatory agents NSAIDs).

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

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities to fingertips, bilateral shoulder pain, chest pain, and back pain. The request is for 1 prescription of Ibuprofen 10%, 60GM. The request for authorization is not provided. Physical examination reveals tenderness over the bilateral paraspinals at the mid and low cervical spine. There is tenderness over the midline lumbar, right paraspinals, right buttocks and right PSIS. There is pain at the extremes of low back range of motion. FABERE and reverse FABERE test are positive, bilaterally. Per progress report dated 05/05/15, the patient is permanent and stationary.

MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." It further states that NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use 4-12 weeks." In this case, prescription history for this medication is not provided and it is not known how long the patient has been on this topical. However, topical NSAIDs are indicated for osteoarthritis and tendinitis, which the patient does not present with nor documented by treater. Furthermore, in documenting the efficacy of this medication, treater states, "Given that the topical ibuprofen is not effective for the spine, I will withdraw my request for this." Therefore, the request IS NOT medically necessary.