MAXIMUS Federal Services

Case Number:	CM14-0123538		
Date Assigned:	08/08/2014	Date of Injury:	09/22/2010
Decision Date:	07/15/2015	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/05/2014

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: Preventive Medicine, Occupational Medicine

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 9/22/2010. She reported a burning sensation in her neck and low back after a motor vehicle accident. Diagnoses have included cervicothoracic strain/arthrosis/discopathy with neuro-foraminal stenosis, lumbosacral strain/arthrosis/discopathy with neuroforaminal stenosis and sleep disturbance. Comorbid conditions included morbid obesity (BMI 51.6). Treatment to date has included physical therapy, cervical epidural steroid injection and medication. According to the progress report dated 5/23/2014, the injured worker complained of pain in the neck, bilateral shoulders, chest, midback with radicular symptoms to the chest and pelvis. She also complained of low back pain with radicular symptoms to the pelvis, hips, coccyx and bilateral lower extremities. She complained of sleep problems and of nausea. Exam of the neck revealed tenderness to palpation. Exam of the shoulders revealed full range of motion with left trapezial pain. Exam of the lumbar spine revealed tenderness to palpation. Gait was antalgic with pain referred to the low back and right lower extremity. The injured worker was noted to have tried unsuccessfully to lose weight on her own. She had a history of peptic ulcer disease and hypertension. Authorization was requested for a ten-week weight loss program at [redacted], a gastroenterologist consultation and Ibuprofen.

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 in obesity primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jensen MD, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. J Am Coll Cardiol. 2014; 63.

Decision rationale: [redacted] is a comprehensive program to help individuals lose weight. It involves counseling delivered by telephone or face-to-face and also includes the use of commercially-prepared prepackaged meals. Obesity is a significant disease process in America and can have a profound impact on health. Weight loss can be effective in lessening pain associated with vertebral column disease. Dietary approaches to obesity can produce weight loss in overweight and obese adults. The MTUS does not comment on use of dietary weight loss to control pain. However, the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society noted that there was only low strength of evidence to support comprehensive lifestyle interventions, such as [redacted] to lose and maintain weight loss. This patient has tried dietary methods for weight loss in the past without prolonged benefit. As there is a paucity of scientific evidence or clinical practice guideline support for this procedure, medical necessity to using a [redacted] program has not been established. The request is not medically necessary.

Gastroenterologist consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. A referral to a gastrointestinal specialist to diagnose or treat the patient's disorder is appropriate if the provider does not feel comfortable doing the testing, if symptoms are worsening with appropriate initial therapy or if complicated testing is required to make the diagnosis. In this case, the provider has a patient with gastric intolerance to non-steroidal anti-inflammatory drugs. As this is not his area of expertise, the provider has not implemented a basic work-up for the symptoms or basic

conservative therapy for the supposed disorder but notes. Medical necessity has been established. The request is medically necessary.

Ibuprofen 10%, 60 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatories.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49,Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 22, 67-73, 111-13. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sports med. 2013 May;41(2):64-74.

Decision rationale: Ibuprofen 10% cream is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis in the extremities, however, there is a paucity of scientific evidence to support their use in treating vertebral arthropathies. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. This patient has been diagnosed with cervical and lumbar spine degenerative conditions. The addition of a topical NSAID to the patient's present therapy is of questionable efficacy given the location of the patient's injuries, as noted above. Medical necessity for use of this preparation has not been established. The request is not medically necessary.