

Case Number:	CM15-0162897		
Date Assigned:	09/25/2015	Date of Injury:	01/11/1997
Decision Date:	11/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59-year-old male who sustained an industrial injury on 1-11-1997. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain, lumbar degenerative disc disease, lumbar degenerative joint disease, obesity, deconditioning, chronic pain and associated mood disorder-depression, and opiate tolerance. On 7-16-2015, the injured worker reported chronic low back pain, neck pain, and migraine headaches associated with the neck pain. On 3-10-2015, the injured worker was reported to have a pain range of 3-10 out of 10, noting he felt worse and having more problems with weight control. The Primary Treating Physician's report dated 7-16-2015, noted the injured worker's pain range was 3-10 out of 10, with recent bronchopneumonia. The injured worker's current medications were listed as Oxycodone, Oxycontin, Montelukast Sodium, Aspirin, Rizatriptan Benzoate, Amitiza, Eszopiclone, and Alprazolam. The physical examination was noted to show tenderness about the upper back, neck, and cervicooccipital with reaching and increasing with neck rotation and extension, with positive straight leg raise on the left, and low back tenderness more on the right than the left. The treatment plan was noted to include renewal of the Amitiza, Rizatriptan, and Alprazolam, all noted to be prescribed since at least 12-18-2014, continued request for chiropractic treatments to increase range of motion (ROM), conditioning, pain control, and facilitate weight loss and medication reduction, a treatment evaluation for a gastric bypass, and evaluation in a weight loss clinic in conjunction with gastric bypass or sleeve or applicable technology for more aggressive weight loss. The injured worker was noted on April 16, 2013, to have completed 20 chiropractic treatments, increasing his walking tolerance. The request for authorization dated 7-17-2015, requested Amitiza 25mg #90 with 2 refills, Maxalt 10mg #30 with 1 refill, Rizatriptan Benzoate 10mg #30 with 1 refill, Alprazolam 0.5mg #30

with 2 refills, 6 sessions of chiropractic care, and evaluation in a weight loss clinic regarding gastric bypass. The Utilization Review (UR) dated 8-4-2015, certified the requests for Amitiza 25mg #90 with 2 refills, conditionally non-certified the request for Maxalt 10mg #30 with 1 refill and Rizatriptan Benzoate 10mg #30 with 1 refill, and non-certified the request for Alprazolam 0.5mg #30 with 2 refills, 6 sessions of chiropractic care, and evaluation in a weight loss clinic regarding gastric bypass.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 0.5 mg #30 with two refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar sprain, lumbar degenerative disc disease, degenerative joint disease; obesity; see conditioning; chronic pain and associated mood disorder/depression and opiate tolerance. Date of injury is January 11, 1997. Request for authorization is July 16, 2015. According to a July 16, 2015 progress note, subjective complaints include chronic low back pain, neck pain and migraine headaches. Currently, the injured worker is not in the physical therapy program and is not receiving it. Medications include Oxycodone, Oxycontin, Maxalt, Lunesta, Alprazolam and Amitiza. Objectively, height is 5'7", weight 379 pounds in the BMI of 59.36. Objectively, there is tenderness to palpation lumbar spine and cervical spine. Motor examination is grossly normal. There is positive straight leg raising. Utilization review indicates alprazolam weaning was started in December 2014. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. There are no compelling clinical facts to support ongoing Alprazolam. There is no clinical indication or rationale for two refills. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for long-term use (in two weeks), no documentation demonstrating objective functional improvement and Alprazolam weaning initiated December 2014, Alprazolam 0.5 mg #30 with two refills is not medically necessary.

6 sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic care.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #6 are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are lumbar sprain, lumbar degenerative disc disease, degenerative joint disease; obesity; see conditioning; chronic pain and associated mood disorder/depression and opiate tolerance. Date of injury is January 11, 1997. Request for authorization is July 16, 2015. According to a July 16, 2015 progress note, subjective complaints include chronic low back pain, neck pain and migraine headaches. Currently, the injured worker is not in the physical therapy program and is not receiving it. Medications include Oxycodone, Oxycontin, Maxalt, Lunesta, Alprazolam and Amitiza. Objectively, height is 5'7", weight 379 pounds in the BMI of 59.36. Objectively, there is tenderness to palpation lumbar spine and cervical spine. Motor examination is grossly normal. There is positive straight leg raising. The documentation (utilization review) indicates the injured worker to see at least 20 chiropractic sessions to date. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating an additional six chiropractic sessions are clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior chiropractic treatment and no compelling clinical facts indicating additional chiropractic treatment is clinically indicated (guidelines recommend a total of up to 18 visits), chiropractic sessions #6 are not medically necessary.

Evaluation in a weight loss clinic regarding gastric bypass: 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. Ann Intern Med.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medscape (see attached link), evaluation in a weight loss clinic regarding gastric bypass is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; non-food rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnoses are lumbar sprain, lumbar degenerative disc disease, degenerative joint disease; obesity; see conditioning; chronic pain and associated mood disorder / depression and opiate tolerance. Date of injury is January 11, 1997. Request for authorization is July 16, 2015. According to a July 16, 2015 progress note, subjective complaints include chronic low back pain, neck pain and migraine headaches. Currently, the injured worker is not in the physical therapy program and is not receiving it. Medications include Oxycodone, Oxycontin, Maxalt, Lunesta, Alprazolam and Amitiza. Objectively, height is 5'7", weight 379 pounds in the BMI of 59.36. Objectively, there is tenderness to palpation lumbar spine and cervical spine.

Motor examination is grossly normal. There is positive straight leg raising. There is no documentation of attempted dietary weight loss. There is no documentation of comprehensive lifestyle management alterations. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, evaluation in a weight loss clinic regarding gastric bypass is not medically necessary.