

<b>Case Number:</b>	CM14-0204166		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/13/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. The expert reviewer is Board Certified in Family Practice, 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:

This is a 60 years old female patient who sustained an injury on 11/13/2004. The current diagnoses include bilateral carpal tunnel syndrome, right thumb tenosynovitis and upper extremities chronic pain syndrome. Per the doctor's note dated 11/21/2014, she had complaints of pain in neck, both shoulders and wrists. Per the doctor's note dated 10/17/2014, she had complaints of pain in both shoulders and wrists, cramping in left arm, weakness in both upper extremities and radiating pain in left upper extremity. The physical examination revealed cervical spine- palpable tenderness over the paravertebral musculature and trapezial musculature with spasm, cervical range of motion in flexion and extension 10 degrees; the bilateral shoulders- palpable tenderness; general tenderness over the upper extremities and decreased sensation in the bilateral hands. The medications list includes Norco, Colace, Valium and Topical Compound Cream. She has had MRI cervical spine dated 6/11/14 which revealed diffuse disc bulge of 2-3mm at C5-6 and C6-7 levels. She has undergone carpal tunnel release on both sides. She has had physical therapy visits and TENS for this injury. The patient has had a urine drug screen on 6/11/14 which was positive for Acetaminophen (consistent), Oxazepam (inconsistent), Hydrocodone (inconsistent), Hydromorphone (inconsistent) and nor Hydrocodone (inconsistent); urine drug screen on 11/21/14 with inconsistent findings. She has been authorized for cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg (updated 1/30/15), Gym memberships; Other Medical Treatment Guideline or Medical Evidence: American Family Physician. 2006 Jun 1; 73(11):2074-2077.-Practice Guideline- Joint Position Statement on Obesity in Older Adults

**Decision rationale:** ACOEM/CA MTUS do not specifically address weight loss program. Per the cited guidelines "With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment." Treatments for obesity either decrease energy intake or increase energy expenditure. Those that decrease energy intake have a greater potential for causing weight loss than those that increase energy expenditure through exercise. Per the Practice Guideline- Joint Position Statement on Obesity in Older Adults- "When beginning weight-loss therapy for older patients, all appropriate information should first be collected (i.e., medical history, physical examination, laboratory tests, medication assessment, and evaluation of the patients of inclination to lose weight). Physicians should assist their patients in making lifestyle and behavioral changes by setting goals, supervising progress, and motivating patients" The records provided do not provide detailed information about patient's dietary history. The response to any prior attempts to lose weight, are not specified in the records provided. Tests for medical conditions contributing to his inability to lose weight like hypothyroidism are not specified in the records provided. Any medications that may be contributing to his weight gain are not specified in the records provided. Any possible psychiatric co morbidities like depression or bulimia that may be contributing to the patient's weight gain are not specified in the records provided. The medical necessity of Weight loss program is not fully established for this patient at this time. Therefore, this request is not medically necessary.

**Continued psychiatric treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** Per the cited guidelines," Screen for patients with risk factors for delayed recovery. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone." Detailed history and a preliminary psychiatric evaluation for depression or anxiety, since the date

of injury, is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. Evidence that patient is taking several psychiatric medications is not specified in the records provided. The medical necessity of continued psychiatric treatment is not fully established for this patient. Therefore, this request is not medically necessary.

**Urine Toxicology testing in 60-90 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 01/19/15) Opioids, tools for risk stratification & monitoring Urine drug testing (UDT).

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the cited guidelines "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology." The medications list includes Norco, Colace, Valium and Topical Compound Cream. The patient has had a urine drug screen on 6/11/14 which was positive for acetaminophen (consistent), Oxazepam (inconsistent), Hydrocodone (inconsistent), Hydromorphone (inconsistent) and nor Hydrocodone (inconsistent); urine drug screen on 11/21/14 with inconsistent findings. Therefore patient is at moderate risk. The request of Urine Toxicology testing in 60-90 days is medically appropriate and necessary for this patient at this juncture.

**In-office/outpatient visit in 4 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines (ODG); Chapter: Pain (updated 01/19/15) Office visits

**Decision rationale:** The need for an office visit for the patient has to be individualized based on patient's unique presentation and signs/symptoms. Per the records provided patient has been authorized for cervical MRI. She has had chronic neck and bilateral upper extremity pain. She is

on Norco and valium. She has had previous inconsistent urine drug screens. The case is complex. A follow up visit is necessary to monitor the need for controlled substances and re-evaluate her symptoms. Therefore, this request is medically necessary.

**30gm Cyclobenzaprine 10%/Tramadol 10% topical cream 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of 30gm Cyclobenzaprine 10%/Tramadol 10% topical cream 120gm is not established for this patient. Therefore, this request is not medically necessary.

**Chiropractic 16 sessions, 2 times a week for 8 weeks, for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care - Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient

has had physical therapy visits for this injury. Response to prior conservative therapy is also not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic 16 sessions, 2 times a week for 8 weeks, for cervical spine is not fully established for this patient. Therefore, this request is not medically necessary.