

Case Number:	CM14-0209688		
Date Assigned:	12/22/2014	Date of Injury:	04/04/2008
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 & Rehabn

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 44-year-old female with date of injury of 04/04/2008. The listed diagnoses from 11/10/2014 are: 1. Thoracic outlet syndrome. 2. Right wrist sprain with triangular fibrocartilage complex tear treated surgically. 3. Cervical sprain and cervical dish herniation, treated surgically. 4. Secondary ulnar neuropathy. 5. Lumbar sprain superimposed on preexisting degenerative disk disease, L5-S1. 6. Bilateral patellofemoral chondromalacia. 7. Cutaneous vitiligo and depigmentation. According to the 11/26/2014 report, the patient has completed an evaluation of chronic behavioral pain management at Cedar Sinai. The patient is in the fifth week of a 10-week [REDACTED] Program. The patient's pain level remains at 7/10 to 8/10. She reports no improvement with chronic behavioral pain management. The examination shows left anterior surgical scar in the cervical spine with decreased lordosis. Tenderness to palpation in the traps bilaterally. Local multiaxial compression with guarding was noted. Lumbar spine shows decreased lordosis. Positive guarding was noted. Tenderness in the paravertebral musculature. The rest of the handwritten report was difficult to decipher. Treatment reports from 05/28/2014 to 11/26/2014 were provided for review. The utilization review denied the request on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Weeks of a weight loss program Between 11/26/2014 and 1/17/2015: 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 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Guidelines on Weight Loss Programs.

Decision rationale: This patient presents with neck and lumbar spine pain. The treater is requesting 10 WEEKS OF A WEIGHT LOSS PROGRAM BETWEEN 11/26/2014 AND 01/17/2015. The MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. There are no discussions regarding weight loss program in other guidelines such as ODG or ACOEM. However, Aetna Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for a 12-month period." Physician monitor programs are supported for those with BMI greater than 30, but excludes [REDACTED] or similar programs. The patient is 5 feet and 3 inches and weighs 176 pounds. The patient's BMI is 31.2. The 11/26/2014 report shows that the patient is in the fifth week of a 10-week [REDACTED] Program. While it may be appropriate to consider a physician-based weight loss program given the patient's current BMI of 31.2, programs like [REDACTED] are not supported by the Aetna Guidelines. The request IS NOT medically necessary.

Ultram 50mg #120 between 11/26/2014 and 1/17/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids On-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting ULTRAM 50 MG #120 BETWEEN 11/26/2014 AND 01/17/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Ultram on 07/29/2014. It was noted that the patient's pain with medication is 6/10 and without medication is 9/10. Functional benefits with medication include ability to perform ADLs, improve participation in a home exercise program, and improve sleep pattern. Aside from a generic statement from the treater,

none of the reports show medication efficacy as it relates to the use of Ultram. No side effects were discussed and no aberrant drug-seeking behavior such as a urine drug screen or CURES report was noted. The patient should not be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Celebrex 200mg #45 between 11/26/2014 and 1/17/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Chronic pain Page(s): 22; 60.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting CELEBREX 200 MG #45 BETWEEN 11/26/2014 AND 01/17/2015. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex on 10/22/2014. None of the reports mention medication efficacy. In this case, while MTUS support the use of NSAIDs as the first-line treatment to reduce pain and inflammation, there is no discussion of pain relief or functional improvement while utilizing Celebrex. The request IS NOT medically necessary.

6 Chronic Behavioral Pain Management (CBPM) sessions between 11/26/2014 and 1/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline- Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 6 chronic behavioral pain management (CBPM) sessions, 11/26/2014 and 01/17/2015. The MTUS Guidelines page 23 on behavioral intervention states that it is recommended in the identification and reinforcement of coping skills in the treatment of pain. ODG recommends an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of functional improvement up to 6 to 10 visits over 5 to 6 weeks. The 11/26/2014 report notes, "Patient reports no improvement with CBPM." The records do not show any CBPM reports to verify how many treatments the patient has received and with what results. In this case, the patient has reported "no improvement" with CBPM and the request for 6 sessions IS NOT medically necessary.