

Case Number:	CM15-0146513		
Date Assigned:	08/07/2015	Date of Injury:	01/08/1997
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii

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 64 year old female, who sustained an industrial injury on 1-8-1997. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain-strain, cervical sprain-strain and post right ankle surgery. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-15-2015, the injured worker complains of low back pain radiating to the right buttock and right foot and decreased ability to perform activities of daily living. Physical examination showed only the height and weight. The treating physician is requesting 10 week [REDACTED] weight loss program, Home Care Assistance - 2 Hours per Day, 4 Days per Week for 4 Weeks, Motrin 800 mg #90 and transportation to and from all physician appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Weight Loss Program 10 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Clinician Supervision of Weight Reduction Programs.

Decision rationale: The IW has neck, low back and ankle injuries from an industrial injury. Request is for a medical weight loss program using the [REDACTED] clinic. The medical records show the IW is 5'7" and 240 lbs. This results in a BMI of 37.6. This qualifies the IW as obese. MTUS/ACOEM Guidelines and ODG do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. The IW fits the criteria for a medical weight loss program. The limited data on the [REDACTED] website indicates that the [REDACTED] program fits the Aetna criteria. The request is medically necessary.

Home Care Assistance - 2 Hours/Day, 4 Days/Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The IW presents with injuries to the neck, low back and ankle. The progress notes state the IW has decreased ADLs and ability to exercise. MTUS page 51 has the following regarding home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There is no data stating the IW is homebound for medical reasons. The records state that her son is helping her but is not always available. The criteria for home health have not been met. The request is not medically necessary and has not been established.

Motrin 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The IW presents with injuries to the neck, low back and ankle. Request is for Motrin 800 mg #90. CA MTUS approve the use of NSAIDs for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to

moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006) See NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. (Maroon, 2006) In this case, the medical records do not indicate how long the IW has been taking Motrin. There is no mention of analgesia or functional benefit. The requirements of the guidelines have not been met. The request is not medically necessary and has not been established.

Transportation to and from All Doctor Appointments: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, transportation.

Decision rationale: The IW presents with injuries to the neck, low back and ankle. The current request is for transportation. ODG guidelines discuss transportation to and from appointments in the Knee and Leg Chapter. It is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The medical records do not discuss disabilities preventing self-transport. The request is not medically necessary.