

Case Number:	CM15-0167144		
Date Assigned:	09/04/2015	Date of Injury:	10/15/2014
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 was a 45 year old male, who sustained an industrial injury, October 15, 2014. The injured worker previously received the following treatments lumbar transforaminal injection, pain management evaluation, Tramadol, Flexeril, Prilosec, lumbar spine MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities which showed mild left S1 radiculopathy with mild denervation changes in the S1 paraspinal, lumbar spine MRI which showed spondylolisthesis Grade I at L5-S1, moderate to severe neuroforaminal stenosis at the L5-S1 level and the cervical spine MRI showed calcification in the dens area of C2, below the anterior C1 arch, a small disc protrusion at C6-C7 and significant multilevel neuroforaminal narrowing. The injured worker was diagnosed with severe GERD (gastroesophageal reflux disease), cervical spine myoligamentous, sprain and or strain, thoracic spine myoligamentous sprain and or strain, cervical disc protrusion and cervical spondylosis, lumbar spine myoligamentous sprain and or strain, Grade I spondylolisthesis at L5-S1 and lumbar radiculopathy. According to progress note of July 7, 2015, the injured worker's chief complaint was persistent low back pain, severe, with radicular pain to the lower extremities. The injured worker also had neck pain. The physical exam noted tenderness in the cervical paravertebral muscles and the upper trapezius. The injured worker was able to flex the cervical neck to 15 degrees. The maneuver caused increased pain in the cervical paravertebral muscles. The right rotation of 45 degrees and left lateral rotation of 50 degrees caused increased pain in the cervical paravertebral muscles. The injured worker was able to flex the thoracic spine 45 degrees before causing pain in the thoracic paravertebral muscles. The injured worker ambulated

with a normal gait. The examination of the lumbar spine noted flexion was 50 degrees with increased low back pain. The extension was 5 degrees with increased low back pain. The right lateral bend was 15 degrees and the left lateral bend of 10 degrees with increased low back pain. The straight leg raise on the right was 50 degrees and left was 35 degrees without back in the lower back. The injured worker would benefit from a weight loss program which would help the lumbar spine symptoms. The treatment plan included a prescription for Flexeril and supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

1 supervised weight loss program: 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 NIH, weight loss.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. PER the NIH recommendations, weight loss should be considered to: 1. lower blood pressure. 2. Lower elevated levels of total cholesterol, LDL and triglycerides. 3. Lower elevated levels of blood glucose levels. 4. Use BMI to estimate relative risk of disease. 5. Follow BMI during weight loss. 6. Measurement of waist circumference. 7. Initial goal

should be to reduce body weight by 10%. 8. Weight loss should be 1-2 pounds per week for an initial period of 6 months. 9. Low calorie diet with reduction of fats is recommended. 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used. 11. Physical activity should be part of any weight loss program. 12. Behavioral therapy is a useful adjunct when incorporated into treatment. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.