

<b>Case Number:</b>	CM15-0181867		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 is a 46 year old female who sustained an industrial injury on 5-19-2014. A review of medical records indicated the injured worker is being treated for cervical sprain strain, thoracic sprain strain, lumbar sprain strain, and left sacroiliac joint arthropathy. Medical records dated 7-30-2015 noted she currently had pain in the neck and back which was rated an 8 out 10. Her pain remained unchanged since the last visit. Medications have been mildly helpful. Physical examination noted diffuse lumbar paraspinal muscle tenderness. There was moderate facet tenderness at L4 through S1. Range of motion was decreased. Treatment has included physical therapy, activity modification, non-steroidal anti-inflammatories, cortisone injection, and Flexeril since at least 5-21-2015. Utilization review form dated 8-17-2015 noncertified weight loss program and Flexeril 7.5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight loss program ten week [REDACTED] program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, weight loss programs.

**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 is 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.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) 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, but rather for ongoing and chronic neck and 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.