

Case Number:	CM15-0020757		
Date Assigned:	03/19/2015	Date of Injury:	09/10/2013
Decision Date:	04/23/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 42 year old female who sustained an industrial injury on 09/10/2013. Diagnoses include lumbar spine sprain/strain with right lower extremity radiculitis, facet joint osteoarthritis, L5-S1 disc bulge, right knee sprain, patellofemoral arthralgia, right foot 1st to 3rd metatarsophalangeal capsulitis/tenosynovitis, plantar fasciitis, and stress. Treatment to date has included physical therapy, chiropractic, acupuncture, medication, activity modification, home exercise program and a brace. A physician progress note dated 01/09/2015 documents the injured worker currently complains of low back pain with numbness and tingling to the right leg, including the right knee to the right foot. Pain is rated 6-7 out of 10, and describes the pain as being moderate, constant, dull, and sharp with numbness and achiness. She is positive for weight gain. She has musculoskeletal joint pain, muscle spasm, and sore muscles. Treatment requested is for Fexmid 7.5mg, #60, one pain management consultation, and Ten (10) weeks of [REDACTED] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) weeks of [REDACTED] 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 guidelines from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039 <http://www.lindora.com/lhc-riteaid.aspx>.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with unchanged low back pain with numbness/tingling to the right leg, including the right knee/foot with pain rated 6-7/10 on VAS scale. The treater has asked for TEN 10 WEEKS OF [REDACTED] WEIGHT LOSS PROGRAM on 1/9/15. The 12/4/14 report states the following regarding the same request: to decrease pressure off the L/S currently extreme obesity 290 pounds BMI 44 for 5'1 height, need to get to or below 200 to normal BMI 24. The request for authorization was not included in provided reports. The patient has gained 20 pounds due to lack of activity per 7/8/14 report. The patient had a consult to internal medicine for blood pressure per 7/8/14 report. The patient has not had prior evidence of having been in a weight loss program. The work status states: if modified work is not available, patient remains on temporary total disability. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to http://www.aetna.com/cpb/medical/data/1_99/0039.html. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] weight program is a medically supervised program <http://www.lindora.com/lhc-riteaid.aspx> Per 12/4/14 report the treater is requesting the weight loss program to decrease pressure off the L/S currently extreme obesity 290 pounds BMI 44 for 5'1 height, need to get to or below 200 to normal BMI 24. Although there is a discussion provided regarding why the patient may need this weight loss program, the progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Physician-monitored programs are supported for those with BMI greater than 30, but exclude [REDACTED], [REDACTED], [REDACTED], [REDACTED], or similar programs. Furthermore, the reports do not document trialed and failed caloric restrictions with increased physical activities. Therefore, the request IS NOT medically necessary.

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with unchanged low back pain with numbness/tingling to the right leg, including

the right knee/foot with pain rated 6-7/10 on VAS scale. The treater has asked for FEXMID 7.5MG #60 on 1/9/15. The request for authorization was not included in provided reports. The patient has gained 20 pounds due to lack of activity per 7/8/14 report. The patient had a consult to internal medicine for blood pressure per 7/8/14 report. The patient has not had prior evidence of using Fexmid, and no meds offered per 7/8/14 report. The work status states: if modified work is not available, patient remains on temporary total disability. The MTUS Guidelines page 63 to 66 states: Muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Review of reports show no evidence of prior use of Fexmid or other muscle relaxants. The treater does not discuss this request in the reports provided. MTUS Guidelines supports the use of this medication for short course of therapy not longer than 2 to 3 weeks. There is no documentation of an exacerbation of low back pain. Given that the request is for #60 indicates that this medication has been prescribed for long-term use. This request IS NOT medically necessary.

One pain management consultation: Overturned

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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 1/9/15 progress report provided by the treating physician, this patient presents with unchanged low back pain with numbness/tingling to the right leg, including the right knee/foot with pain rated 6-7/10 on VAS scale. The treater has asked for ONE PAIN MANAGEMENT CONSULTATION on 1/9/15. The request for authorization was not included in provided reports. The patient has gained 20 pounds due to lack of activity per 7/8/14 report. The patient had a consult to internal medicine for blood pressure per 7/8/14 report. The patient has not had prior evidence of a pain management consultation, and is not on any medications per review of reports. The work status states: if modified work is not available, patient remains on temporary total disability. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater has not provided a reason for the request. In this case, the patient continues to suffer from chronic back pain radiating to the lower extremities. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

