

Case Number:	CM15-0039541		
Date Assigned:	03/09/2015	Date of Injury:	08/26/2010
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male, who sustained an industrial injury on August 26, 2010. He reported he sustained an injury to his left elbow, left wrist and left arm while cutting a tree during which he had a slip and fall incident. The injured worker was diagnosed as having elbow fracture. Treatment to date has included physical therapy, medication and diagnostic studies. Currently, the injured worker reports no significant improvement from the previous examination. His left shoulder range of motion is reduced and his left shoulder, left elbow and lumbar spine are tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, Take 1 twice daily #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified.

Hydrocodone 10/325mg Take 1 twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 88 of 127.

Decision rationale: In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

Norflex 100mg (# ordered is not written), with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. The request is not consistent with a short term use. The request is appropriately non-certified.

Omeprazole Dr 20mg Capsule, Take 1 daily #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.

Weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 11, 83 and 288.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, under Obesity and weight loss.

Decision rationale: Both the MTUS-ACOEM and the ODG-TWC guides are silent on opinions regarding weight loss. The Medical Disability Advisor, notes many ways to lose weight: "The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Calorie restriction has remained the cornerstone of the treatment of obesity. The standard dietary recommendations for losing weight include reducing total calorie intake to 1,200 to 1,500 calories per day for women and to 1,500 to 1,800 calories per day for men ("Obesity"). Saturated fats should be avoided in favor of unsaturated fats, but the low-calorie diet should remain balanced. Keeping a food journal of food and drink intake each day helps individuals to stay on track. The addition of an exercise program to diet modification results in more weight loss than dieting alone and seems especially helpful in maintaining weight loss and preserving lean body mass. Moderate activity (walking, cycling up to 12 miles per hour) should be performed for at least 30 minutes per day, 5 days a week or more. Vigorous activity that increases the heart rate (jogging, cycling faster than 12 miles per hour, and playing sports) should occur for at least 20 minutes, 3 days a week or more. Although vigorous workouts do not immediately burn great numbers of calories, the metabolism remains elevated after exercise. The more strenuous the exercise, the longer the metabolism continues to burn calories before returning to its resting level. Although the calories lost during the post exercise period are not high, over time they may count significantly for maintaining a healthy weight. Included in any regimen should be resistance or strength training 3 or 4 times a week. Even moderate regular exercise helps improve insulin sensitivity and in turn helps prevent heart disease and diabetes.

Exercising regularly is critical because it improves psychological well-being, replaces sedentary habits that usually lead to snacking, and may act as a mild appetite suppressant. Behavior modification for obesity refers to a set of principles and techniques designed to modify eating habits and physical activity. It is most helpful for mildly to moderately obese individuals. One frequently used form of behavior modification called cognitive therapy is very useful in preventing relapse after initial weight loss." None of these MDA measures require a formal program; therefore, it is not possible to say a formal program is a necessary measure to lose weight in this patient. A weight loss program is not necessary to achieve weight loss; there are many no to low cost programs available in the United States to help people in weight loss efforts, such that a formal program would not be medically necessary. Therefore, the weight loss program request is not clinically certified as being an essential program for injury management.