

Case Number:	CM15-0055265		
Date Assigned:	03/30/2015	Date of Injury:	09/01/2011
Decision Date:	06/11/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, Michigan
 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 55 year old female who sustained an industrial injury on September 1, 2011. She has reported injury to her spine, shoulders, and knees and has been diagnosed with chronic cervical spine, left shoulder impingement, and bilateral knee complains. Treatment has included medications and aquatic therapy. Currently the injured worker had restricted range of motion and painful arc of the shoulder with weakness for gripping on the left side. There was cervical tightness and spasm noted. The treatment request included 1 [REDACTED] evaluation, aquatic therapy, lidoderm, and ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] eval and management 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. Vary P, Fitterman N, Oaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Lifestyle (diet & exercise) modifications.

Decision rationale: The MTUS / ACOEM did not specifically address the issue of obesity in the injured worker and therefore other guidelines were consulted. Per the ODG, screening and treatment of obesity is recommended with lifestyle modifications (diet and exercise). [REDACTED] is a medically supervised weight loss program, however a review of the injured workers medical records revealed a weight of 245 lbs but did not reveal a height or a BMI calculation, neither was there documentation that lifestyle modifications had been undertaken by the injured worker and failed. therefore the request for 1 [REDACTED] eval and management weight loss program is not medically necessary.

12 sessions of pool therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy / Physical Medicine Page(s): 22 98-99.

Decision rationale: Per the MTUS, "Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already has 8 sessions of aquatic therapy and does not appear to be having a satisfactory response to aquatic therapy, there is also no documentation as to why she would need water based therapy as opposed to land based therapy and while she is 245 lbs, there is no documentation that she is having difficulty with weight bearing and therefore the request for 12 sessions of pool therapy is not medically necessary.

30 Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore the request for Lidoderm patches is not medically necessary.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Zolpidem (Ambien).

Decision rationale: The MTUS did not specifically address the use of Ambien, therefore other guidelines were consulted. Per the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term, however given the risks there is no clear indication for the continued use of this medication in the injured worker, there has been no documentation of subjective or objective improvement sleep symptoms since the injured worker started taking ambien, the risks outweigh the benefits and the continued use of ambien is not medically necessary.