

Case Number:	CM15-0062675		
Date Assigned:	04/08/2015	Date of Injury:	04/29/2014
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: California
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 42 year old female, who sustained an industrial injury on April 29, 2014. She was diagnosed with internal derangement of the right knee, epicondylitis and tendonitis of the left elbow. She underwent a right knee arthroscopic. Treatment included physical therapy, pain medications and a home exercise program. Currently, the injured worker complained of left elbow pain and numbness and right knee pain with stiffness. The treatment plan that was requested for authorization included a medically supervised weight reduction program and continued physical therapy and a prescription for Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICALLY SUPERVISED WEIGHT REDUCTION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tsai and Wadden; A Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Annals of Internal Medicine 2005; 142:56-66. Heshka S, et al. Weight Loss with Self-Help Compared with a Structured Commercial Program: A Randomized Trial. JAMA 2003; 289:1792-8.

Decision rationale: There is no comment from the ACOEM Guidelines, the MTUS/Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines, the National Guidelines Clearinghouse or the Cochrane Database on the effectiveness of medically supervised weight loss programs. However, there are often cited research articles on this subject. One of the most commonly cited articles is by Tsai and Wadden; A Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. *Annals of Internal Medicine* 2005; 142:56-66. The most notable finding of this systematic review was as follows: These programs were associated with high costs, high attrition rates, and a high probability of regaining 50% or more of lost weight in 1-2 years. Heshka and colleagues performed a multicenter randomized trial comparing a self-help program with a structured commercial program. At 2 years there were no significant differences in outcomes between the programs (Heshka S, et al. Weight Loss with Self-Help Compared with a Structured Commercial Program: A Randomized Trial. *JAMA* 2003; 289:1792-8). In summary, there is no substantive evidence based on a rigorous assessment of the available medical literature to support the use of a structured medically supervised weight reduction program as superior to a patient's own self-directed program. The medical records do not provide sufficient rationale in support of the need of such a program. For these reasons a medically supervised weight reduction program is not considered medically necessary.

CONTINUE PHYSICAL THERAPY 3X5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines include recommendations on the number of allowed sessions of physical therapy for a given medical condition. Specifically, the guidelines indicate that a physical therapy program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already completed a full course of physical therapy and were involved in a self-directed home exercise program. Under these conditions, there is insufficient rationale provided as to the medical necessity of further physical therapy or the barriers experienced by the patient in continued engagement in a home exercise program. Finally, the number of requested sessions exceeds the above cited MTUS guidelines. For these reasons, continued physical therapy 3 times a week for 5 weeks is not considered as medically necessary.

VOLTAREN XR 100MG ONE PO QD # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including Voltaren. The specific recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients

with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function.

Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects.

Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another.

Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, there is no rationale provided to support the long-term use of an NSAID such as Voltaren in the treatment of this patient's chronic pain. As described in the above cited guidelines, NSAIDs are intended for short-term symptomatic relief. The medical records suggest that Volteran is being used as a long-term treatment strategy. This is not consistent with the MTUS guidelines. For this reason, Voltaren XR is not considered as a medically necessary treatment.