

Case Number:	CM14-0147848		
Date Assigned:	09/15/2014	Date of Injury:	12/27/2007
Decision Date:	10/17/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 years old female with an injury date of 12/27/07. The 07/29/14 treatment report by [REDACTED] states that the patient presents for follow up with ongoing back pain and left leg pain rated 5/10. She continues to have limited activities secondary to pain. Pain has increased with stabbing, aching pins and needles pain in the bilateral legs and feet more right than left. Numbness in her left leg is a new symptom. Lumbar examination reveals decreased range of motion on flexion and extension, paravertebral muscle tenderness to palpation throughout the lumbar spine, and the right lower extremity shows diminished sensation of the right L4, L5 and S1 dermatomes. The patient's diagnoses include: 1. Chronic pain syndrome 2. Failed back syndrome Current medications are listed as Norco, Gabapentin, Norflex, Ketoprofen and Prilosec. The utilization review being challenged is dated 08/16/14. Reports from 03/30/11 to 08/27/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, et al. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

Decision rationale: The patient presents with back pain and left leg pain rated 5/10. She also presents with stabbing, aching and pins and needles sensation in the bilateral legs and feet more on the right than the left as well as numbness in her left leg. The treater presents for 1 Weight loss program. MTUS/ACOEM Guidelines and ODG do not specifically address weight loss programs. AETNA guidelines on Clinician Supervision of Weight Reduction Programs allows up to a combined limit of 26 individual or group visits by any recognized provider per 12-month period are considered medically necessary for weight reduction counseling in adults who are obese as determined by BMI. Examination in the reports provided shows height 5'7", weight 382 pounds and BMI 59.9. The treater notes the patient has gained 100 pounds since the 12/27/07 injury date. In this case the treater has asked for one weight loss program but does not describe what this program entails. Medically supervised weight loss programs can be considered but not others. Recommendation is for denial.

1 prescription of Orphenadrine Citrate ER 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Page(s): 64, 63. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 47 Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The patient presents with back pain and left leg pain rated 5/10. She also presents with stabbing, aching and pins and needles sensation in the bilateral legs and feet more on the right than the left as well as numbness in her left leg. The treater presents for 1 prescription of Orphenadrine citrate FR 100 mg #60. Reports provided show that the patient has been taking this medication since at least 01/22/14. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. . ODG guidelines Lumbar & Thoracic (Acute & Chronic) section state muscle relaxants are recommended as an option for acute spasm. ACOEM guidelines page 47 state muscle relaxants have been shown useful as antispasmodics. ODG guidelines Lumbar & Thoracic (Acute & Chronic) section state muscle relaxants are recommended as an option for acute spasm. In this case the patient's use of the medication since 05/20/14 would appear outside the above guidelines regarding short term use for acute conditions. The treater does not discuss the use of the medication as a second-line option. Therefore, recommendation is for denial.

