

Case Number:	CM14-0217302		
Date Assigned:	01/07/2015	Date of Injury:	01/07/2013
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Indiana

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:

This employee is Age year old female with date of injury of 1/7/2013 A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine and right knee derangement. Subjective complaints include continued pain in the lower back and right knee. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; tenderness to palpation of the knee and pain upon flexion and extension. Treatment has included Tramadol, Anaprox, steroid injections in right knee, and Norco. The utilization review dated 12/18/2014 partially-certified chiropractic sessions, a weight loss program, and Flexmid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of chiropractic 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Low back; chiropractic

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. Additionally, MTUS states Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Is Not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Medical documents indicate that patient has not undergone a trial before. Therefore, a trial (6 sessions) is appropriate in which the treating provider can demonstrate evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. As such, the request for 12 sessions of chiropractic manipulation is not medically necessary.

Weight loss program: Upheld

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 Medical Treatment Guideline or Medical Evidence: UptoDate.com, Obesity in adults: Overview of management

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Up to date states, Overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of 30 kg/m². Severe obesity is defined as a BMI 40 kg/m² (or 35 kg/m² in the presence of comorbidities) Additionally, Assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI 35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the

procedure. The treating physician does not provide the current height and weight but does note that the employee is obese. The treating physician writes that the patient is unable to make any progress with weight loss on her own, but do not detail what weight loss (diet, exercise, and counseling) has been undertaken. Therefore, since the above criteria are not met, the request for a weight loss program is not medically necessary.

Retrospective request for Fexmid 7.5 mg #90 dispensed on 11/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Cyclobenzaprine

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005). Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexmid 7.5mg #90 is not medically necessary.