

Case Number:	CM15-0012041		
Date Assigned:	01/29/2015	Date of Injury:	01/30/2014
Decision Date:	03/24/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 32 year-old female who has reported the gradual onset of pain, numbness, and weakness in the arms and hands, attributed to usual work activity, with a listed injury date of 01/30/2014. Diagnoses include bilateral carpal tunnel syndrome and bilateral lateral epicondylitis, and cervical sprain/strain. Electrodiagnostic testing in 2014 did not show any radiculopathy. Treatment to date has included left and right carpal tunnel releases, braces, and medication. Treating physician reports during 2014 reflect ongoing upper extremity symptoms, neck pain, and obesity. On 1/31/14, weight was recorded at 258 pounds with a body mass index (BMI) of 40.03. On 11/19/14, weight was recorded at 255 pounds. On 12/17/14, weight was recorded as 272 pounds. As of an 11/19/14 orthopedic evaluation, she was taking Lyrica, Motrin, Vicodin, and naproxen. There were ongoing neck and upper extremity symptoms. There were no signs of radiculopathy. A cervical MRI and electrodiagnostic testing were ordered along with Lyrica, and Lasix for swelling. Per a progress note dated 12/17/2014, there was neck pain, shoulder pain, and left elbow, wrist, and hand pain. Swelling was attributed to Lyrica, per the injured worker. Obesity was present. There was no evidence of radiculopathy or neurological deficits. The treatment plan included the items now under Independent Medical Review. "██████████" was recommended. Physical therapy for conditioning and weight loss was recommended. Work status was "temporarily totally disabled." There was no discussion of any durable medical equipment (DME) or topical agents. On 01/16/2015 Utilization Review non-certified the requested physical therapy, topical Ketoprofen/Tramadol/ Gabapentin, weight

loss program, magnetic resonance imaging of the cervical spine with sedation, and an X-Force stimulator. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for general conditioning and weight loss (body parts unspecified)

QTY:18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9; 98-99.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The current physical therapy prescription exceeds the quantity recommended in the MTUS. The specific body parts to be treated were not described. General exercise does not require skilled physical therapy. The physical therapy is not medically necessary based on the MTUS, an excessive quantity of visits, and lack of a sufficient prescription.

Topical Cream Ketoprofen/Tramadol/Gabapentin (dosage and quantity unspecified) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medication Page(s): 111-113,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. There is no good evidence to support topical opioids. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. The

injured worker is already taking oral nonsteroidal anti-inflammatory agents (NSAIDs). The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and inappropriate prescribing.

Weight loss program (frequency/duration unspecified) QTY:1.00: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate, Obesity in adults: Overview of management. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss program" is contingent upon more than just the presence of obesity. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's weight history, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. Absent these kinds of specific details and treatment plan, a request for a weight loss program lacks the necessary components to demonstrate medical necessity.

MRI of the cervical spine w/sedation QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study. The MRI is not medically necessary based on the recommendations in the MTUS.

X-Force stimulator (body part unspecified) QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

Decision rationale: The treating physician did not describe the nature of this device. Per an internet search, it appears that it is a form of TENS. No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit/X-force stimulator is not medically necessary.