

Case Number:	CM15-0120960		
Date Assigned:	07/01/2015	Date of Injury:	10/02/2009
Decision Date:	09/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 39-year-old female, who sustained an industrial injury on 10/2/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder surgery and right shoulder impingement. Right shoulder and arm x rays showed no changes. Treatment to date has included surgery, 38 physical therapy visits, 6 acupuncture visits and medication management. In a progress note dated 5/18/2015, the injured worker complains of pain in the right shoulder, right foot and lumbar spine. Pain was documented to radiate down the right leg. Physical examination was not documented. The treating physician is requesting weight loss program, interferential supplies, interferential 30-60 day rental, Flexeril 10 mg #40 and Ambien 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40. 5, Treatment of Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss Treatment Guidelines from the Medical Letter, April 1, 2011, Issue 104, page 17: Diet, Drugs, and Surgeries for Weight Loss.

Decision rationale: Diet and exercise are the preferred methods for losing weight, but are still associated with high long-term failure rates. Patients on a diet generally lose 5% of their body weight over the first 6 months, but by 12-24 months weight often returns to baseline. The long-term ineffectiveness of weight-reduction diets may be due to compensatory changes in energy expenditure that oppose the maintenance of a lower body weight, as well as genetic and environmental factors. There are no recommendations for weight loss program in the Chronic Pain Medical Treatment Guidelines or in the Official Disability Guidelines. The lack of information does not allow determination for medical necessity and safety. In addition, there is no documentation regarding the patient's Body Mass Index (BMI) to document the degree of obesity. The request is not medically necessary.

Interferential supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. If criteria for ICS use are met, then a one-month trial is appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case there is no documentation that the patient has met the criteria as mentioned above or had one-month trial with documented functional benefit. The request is not medically necessary.

Interferential unit 30-60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical

therapy treatment, or the pain is unresponsive to conservative measures. If criteria for ICS use are met, then a one-month trial is appropriate to permit the physician and physical medicine provider to study the effects and benefits. In this case, there is no documentation that the patient has met the criteria as mentioned above, In addition the request for 30-60 days surpasses the recommended one month trial to determine functional benefit. The request is not medically necessary.

Flexeril 10mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Flexeril is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using Flexeril since at least May 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.

Ambien 10mg #30: Upheld

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

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

Decision rationale: Ambien is the medication zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is

linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case, the patient has been using Ambien since at least May 2015. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.