

Case Number:	CM15-0073499		
Date Assigned:	04/23/2015	Date of Injury:	06/01/2005
Decision Date:	07/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on June 1, 2005. She reported pain in the neck, bilateral shoulders, back and hips with radiating pain to the bilateral upper and lower extremities. The injured worker was diagnosed as having lumbar and thoracic radiculitis and myofascial pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, lumbar epidural steroid injection, surgical intervention of the cervical spine and left hip, physical therapy, medications and work restrictions. Currently, the injured worker complains of bilateral shoulder blade pain, neck and mid back pain worse on the left side, 5th digit pain radiating toward the shoulder and bilateral upper extremity pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 13, 2014, revealed continued pain as noted. Acupuncture, medications, a weight loss program, medical transportation and home health aide services were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and both hips. These records indicated the worker had been taking this medication for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. In the absence of such evidence, the current request for 120 tablets of Flexeril (cyclobenzaprine) 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Supervised Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute ODG Treatment in Workers Compensation 5th Edition, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30-33. Decision based on Non-MTUS Citation The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.

Decision rationale: The MTUS Guidelines recommend that some workers with chronic pain may benefit from multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. Evidence-based Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. The submitted and reviewed documentation indicated the worker experiencing pain in the lower back and both hips. There were no detailed assessments of the worker's weight as emphasized in evidenced-based Guidelines. There also was no suggestion that the goal of the requested program was to improve the worker's function or to decrease pain medication use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a supervised weight loss program is not medically necessary.

Acupuncture QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and both hips. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for eight acupuncture sessions is not medically necessary.

Home Health aide for cooking, cleaning, and general assistance for 144 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing pain in the lower back and both hips. There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. Further, the requested amount of time was nonspecific, which limits the ability to determine medical need as supported by the Guidelines. The request also appears to be for general homemaker assistance, rather than for a skilled need. For these reasons, the current request for home care assistance with cooking, cleaning, and general assistance for a total of 144 hours is not medically necessary.

Transportation to and from medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The Guidelines are silent on the issue of the need for transportation. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and both hips. There was no discussion describing special

circumstances that sufficiently supported this request. In the absence of such evidence, the current request for medical transportation to and from unspecified medical appointments is not medically necessary.