

Case Number:	CM14-0156874		
Date Assigned:	09/26/2014	Date of Injury:	11/16/2013
Decision Date:	11/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 35 year old male grocery clerk who sustained an industrial injury on 11/16/2013. According to the documentation a prior peer review completed on 8/25/2014 recommended certification of the request for general health panel - CMP, CBC, chem-20, RF, CRP, ANA, TSH and urine screening, and aquatic physical therapy 2 a week for 4 weeks. The requests for lumbar MRI, lumbar cushion, supervised weight loss program, Flexeril, Biofreeze cream, and Flector patch 1.3% were non-certified as the medical necessity is not established. According to the PR-2 dated 10/7/2014, the patient complains of LS with DDD and facet arthropathy. Reports + sleep apnea but no CPAP. Recent URI. He denies paresthesias to lower extremities. He has completed 5/8 aqua therapy sessions. Reports TENS is soothing, decreases and numbs pain in lumbar spine. Pain is rated 5/10. He complains of lumbar spine spasms. Acupuncture not effective, only completed 1/4 sessions. He was given heat patch, which was effective for pain control. He is using OTC ibuprofen 200 mg po (per mouth) every other day. Objective findings document patient's vitals: HT 5'11", WT 330#, BMI 46, BP 143/117, HR 102, RR 13, T 97.4; difficulty rising from chair, wide based antalgic gait favoring LLE, morbidly obese male in mild distress, ROM L/S FF 30 degrees, extension 15, lateral flexion right and left 15 degrees, severe spasms L greater than R QL, paraspinals. Remainder of exam deferred due to increased pain. Plan: Re-request MRI, lumbar cushion, Flexeril, Flector patches, Biofreeze, complete authorized aqua therapy, request PT report, schedule pain management consult as authorized, d/c acupuncture, schedule CBT, RX ibuprofen 800mg #60 for severe pain, Biofreeze cream, continue use of ice/heat/estim, reiterate recommend medically supervised weight loss program thru private insurance (not WC), recommend anti-inflammatory avoid/eat certain foods, provide sample pain go away patches for spasm, Tizanidine 4mg sample #12 for severe lumbar spasm, RTC in 4-6 weeks. Work status is return/continue modified work on 10/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of Lumbar Spine without Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. The patient denies any symptoms into the lower extremities, and there is no documentation of abnormal neurological examination. A lumbar MRI is not supported by the guidelines, the request is not medically necessary. Therefore, the request of Magnetic Resonance Imaging (MRI) of Lumbar Spine without Dye is not medically necessary and appropriate.

Preventive Counseling (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 CMS- Treatment of Obesity

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: Clinical Policy Bulletin: Weight Reduction Medications and Programs
http://www.aetna.com/cpb/medical/data/1_99/0039.html
http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/wtl_prog.html

Decision rationale: The medical records do not detail attempts made by the patient to manage his weight or decrease weight on his own. The references suggest a clinician supervised weight loss program may be considered when certain criteria have been met. However, the medical records also do not establish failure to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral changes. The medical records do not establish this patient is unable to adopt a low-calorie diet and exercise program on his own, which would be equally efficacious. Therefore, the request Preventive Counseling (Supervised Weight Loss Program) is not medically necessary and appropriate.

Lumbar Cushion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back, Lumbar Supports

Decision rationale: According to the evidenced based guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is almost 1 year post his industrial injury date. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to cause weakness and atrophy of the paraspinal musculature. The medical necessity of a lumbar cushion has not been established. Therefore, the request Lumbar Cushion is not medically necessary and appropriate.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records document the presence of muscle spasm on examination. However, the guidelines state muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. The patient's medication regimen includes NSAIDs. The addition of cyclobenzaprine to other agents is not recommended. Also, improvement with use of muscle relaxant has not been documented. Further, the medical records indicate the patient was provided a sample of Tizanidine to treat the spasms. The medical necessity for Flexeril has not been established. Therefore, the request Flexeril 10mg #30 is not medically necessary and appropriate.

Biofreeze Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics, Page(s): 111-113.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Biofreeze <http://www.drugs.com/drp/biofreeze-pain-relieving-gel.html>

Decision rationale: The CA MTUS guidelines state topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the information found by online search, Biofreeze is a topical gel containing the active ingredient menthol 3.5%, marketed to provide temporary relief from minor aches and pains of sore muscles and joints. The medical records do not establish the patient is unable to tolerate oral analgesic NSAIDs, which would be considered first-line intervention. The medical necessity of Biofreeze has not been established. Therefore, the request of Biofreeze Cream is not medically necessary and appropriate.

Flector Patches 1.3%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics Page(s): 111-112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the guidelines, Flector (Diclofenac) is not recommended as a first-line treatment. Topical Diclofenac may be recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. The medical records do not document and establish failure with standard oral NSAIDS or other oral analgesics. The guidelines state topical Diclofenac has not been evaluated for treatment of the spine. Objective functional improvement with Flector patch has not been documented. In addition, the medical records do not establish the patient has a diagnosis of osteoarthritis of a joint amendable to topical analgesic application. The medical records do not establish Flector patch is appropriate and medically necessary for the treatment of this patient's diagnoses. Therefore, the request of Flector Patches 1.3% #60 is not medically necessary and appropriate.