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## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: Select Date

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 10/22/1996  
IMR Application Received: 8/15/2013  
MAXIMUS Case Number: CM13-0011633

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

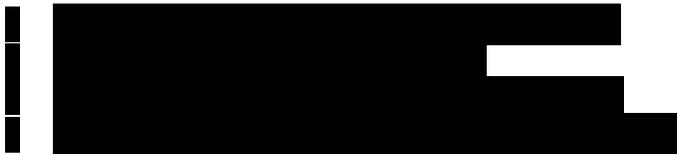
cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, and is licensed to practice in Maryland. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 70-year-old male who reported an injury on 10/22/1996. The patient is noted to have a history of neck, shoulder, back, and knee pain after lifting a heavy object above his head. The patient is status post left shoulder surgery in 11/1997, left shoulder surgery in 11/1998, right shoulder surgery in 06/2000, right trigger finger release in 2005, right inguinal hernia repair in 02/2006, angioplasty and stent placement in 10/2004, triple coronary artery bypass surgery in 12/2007, angiography and stenting in 08/2011, therapy and enrollment in [REDACTED] program. The submitted [REDACTED] notes indicate that the patient's weight was 241.3 pounds on 03/12/2012 and 243.4 pounds on 05/06/2013. It appears the patient was started on hydrocodone on 04/25/2013. The patient's current medication regimen includes Norco, Motrin, tramadol, Robaxin, and Flexeril. The claimant's diagnoses include, but are not limited to, left shoulder rotation cuff tear status post surgical intervention, bilateral trigger thumb, carpal tunnel syndrome, cubital tunnel syndrome, right shoulder labral tear, cervical degenerative disc disease, status post right shoulder surgery, trigger finger releases, and cervical radiculitis. The patient's current weight as of 07/22/2013 was 245.3 pounds.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Hydrocodone 5/325mg #30 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, opioids, pages 76-78 and 91, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines recommend documentation of the 4 A's prior to continuation with opioids. The 4 A's include decreased pain, increased activities of daily living, no side effects, and no aberrant drug-taking behaviors. The employee is reported to have a history of consistent urine drug screens; however, there is no recent urine drug screen submitted for review.

Furthermore, the available documentation fails to document any significant pain relief and/or objective functional improvement with current use of hydrocodone to warrant ongoing use. The employee is also taking Ultram and 2 separate pain medications would not be supported given the employee's current status. **The request for Hydrocodone 5/325mg #30 is not medically necessary and appropriate.**

**2. 50 sessions of [REDACTED] weight loss program is not medically necessary and appropriate.**

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Wing, Rena R & Phelan, Suzanne. Long-term weight loss maintenance. Am J Clin Nutr 2005 82: 222S-225.

Laura P. Svetkey et al. Comparison of Strategies for Sustaining Weight Loss: The Weight Loss Maintenance Randomized Controlled Trial. JAMA. 2008;299(10):1139-1148.

The Physician Reviewer's decision rationale:

The documentation submitted for review indicates that the employee has been participating in the [REDACTED] weight loss program for over a year and a half. The documentation provided failed to reveal any significant weight loss in comparison of the employee's weight from 03/2012 until 07/2013. In fact, the employee gained 4 pounds over this time frame. There is a lack of documentation to indicate that the employee could not continue with a self-directed diet and exercise program. Given the lack of improvement, the request is non-certified. **The request for 50 sessions of [REDACTED] weight loss program is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

