

Case Number:	CM13-0014990		
Date Assigned:	10/04/2013	Date of Injury:	03/08/2011
Decision Date:	01/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Medicine, and is licensed to practice in Georgia and North Carolina. 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.

CLINICAL CASE SUMMARY

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

This case involves a 48-year-old male claimant, who sustained injuries to left knee and back on 3/8/2011, when he fell at work and his left leg was trapped between a jack and a ballard. The carrier has accepted his claim. He had surgery on left knee and received two epidural steroid injection for lumbar pain. He is currently being treated with narcotic pain medication, Protonix and Vitamin D. Surgery has been recommended for his right knee. The treating physician has requested structured weight loss program and ongoing treatment with Protonix and Vitamin D.

IMR ISSUES, DECISIONS AND RATIONALES

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

A structured weight loss program: 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 Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, Kaufman T, Kennedy E, Kestenbaum C, Lano M, Leslie D, Newell T, O'Connor P, Slusarek B, Spaniol A, Stovitz S, Webb B. Prevention and management of obesity for adults. Bloomington (MN): Institute for Clinic

Decision rationale: The Institute for Clinical Systems Improvement Guidelines from 2013 indicate a clear need for a proper diagnosis of obesity, including body mass index (BMI), and for initial nutritional and behavioral counseling, as well as motivational interviewing to assess the

readiness for weight loss, in the initial management of obesity. A structured weight loss program is indicated only after these steps. The medical records provided for review indicate that the claimant has recorded weights between 298 and 302 pounds, but has no recorded height or calculated BMI. The treating physician has repeatedly documented obesity as a diagnosis, but has not supported that with BMI data. The treating physician has documented that the claimant exercises at home on a stationary bike, but has not documented any specific weight loss attempts by the claimant, nor has he documented any weight loss counseling for the claimant. There is no documentation in the medical record of any failed self-directed attempts at weight loss by the claimant. The request for a structured weight loss program is not medically necessary and appropriate.

Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended with precautions. Clinicians should determine if the patient is at risk for gastrointestinal events. The medical records provided for review do not indicate any medical condition for which Protonix is medically indicated. There are no complaints of any gastrointestinal pain or upset, no diagnosis of gastroesophageal reflux disease (GERD) of gastrointestinal ulcers. There is no recorded use of any non-steroidal anti-inflammatory medication that might cause such symptoms. The treating physician does not document any indications for the use of Protonix according to guideline criteria. The request for Protonix is not medically necessary and appropriate.

Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Vitamin D (cholecalciferol)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation, treatment and prevention of Vitamin D deficiency: An Endocrine Society clinical practice guideline. January 10, 2012.

Decision rationale: The medical record contains no documentation of vitamin D deficiency and contains no documentation of osteopenia or osteoporosis by bone densitometry testing. There are no other medically indicated uses for vitamin D supplementation. The request for vitamin D is not medically necessary and appropriate.