

Case Number:	CM13-0039245		
Date Assigned:	12/18/2013	Date of Injury:	02/27/2007
Decision Date:	03/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for psychological stress, chronic mid back pain, chronic shoulder pain, chronic hip pain, and chronic knee pain reportedly associated with an industrial injury of December 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of psychotherapy/psychological counseling over the life of the claim; unspecified amounts of occupational therapy; left shoulder arthroscopy on November 1, 2013; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 4, 2013, the claims administrator denied a request for Tylenol No. 3 and a weight loss program. The full text of the Utilization Review Report was seemingly truncated. The applicant's attorney subsequently appealed. In a November 15, 2013 report, it is stated that the applicant remains off of work on total temporary disability. An MRI of the knee was endorsed. A December 6, 2013 progress note is notable for comments that the applicant appears somewhat depressed, is frail, and somewhat difficult to communicate whether the applicant is off of work, on total temporary disability. The applicant states that she is on Norco for pain relief and that this is providing her with appropriate analgesia. Vicodin 5/500 is renewed while the applicant remains off of work, on total temporary disability. Earlier notes of February 27, 2013 and February 18, 2013 are both notable for comments that the applicant remains off of work, on total temporary disability, and is reportedly using Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol No. 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, the lowest effective dose of opioid should be prescribed to improve pain and function. In this case, the applicant is described as using two other opioids, Norco and Vicodin, on a December 6, 2013 office visit. It is not clear why an additional prescription for Tylenol No. 3 is needed here. No narrative rationale or commentary was attached to the request for authorization so as to justify usage of the additional short-acting opioid. The request for Tylenol No. 3 is not medically necessary and appropriate.

1 Weight Watchers program for 10 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs.

Decision rationale: The nationally recognized guidelines of the Aetna Clinical Policy Bulletin on Weight Reduction Medications and Programs, which are developed, endorsed, and disseminated by a national organization with affiliates in two or more states, can be employed in this circumstance. As noted by Aetna, weight reduction programs and/or medications are considered medically necessary in those applicants with a BMI greater than or equal to 30 who tried and failed to lose weight through conventional dieting, home exercises, and/or behavioral therapy. In this case, however, there is no evidence that the applicant is in fact an obese individual who is in need of any weight loss program. The December 6, 2013 progress note in question states that the applicant's weight is 122 pounds. The applicant's height is not clearly stated on this date. The applicant's BMI is likewise not clearly stated on this date. An earlier note of January 2, 2013 was notable for comments that the applicant has BMI of 23. Thus, the applicant, in short, does not appear to be an obese individual who would qualify for a weight reduction program. The request for 1 Weight Watchers program for ten weeks is not medically necessary and appropriate.