

<b>Case Number:</b>	CM13-0040041		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Texas. 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 patient is a 64 year old female who reported an injury on 01/10/2006. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed the patient had experienced multiple orthopedic surgeries. The patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood. The patient complained of continued lumbar spine and bilateral knee pain. There were not current clinical notes provided in the medical record. The only recent documentation was a record review report dated 06/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised weight loss program x 10 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/date/1\\_99/0039.html](http://www.aetna.com/cpb/medical/date/1_99/0039.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Journal of the American Medical Association.

**Decision rationale:** California MTUS/ACOEM does not address weight loss programs. Official Disability Guidelines do not address weight loss programs either. The Journal of the American

Medical Association states, despite the potential for health benefits of weight loss maintenance, there is little evidence, particularly from clinical trials, on how to accomplish this objective. Observational studies suggest that continued intervention contacts, self-monitoring of dietary intake, physical activity, and weight, accountability, and regular physical activity lead to sustained weight loss. There is no documentation that the patient has a history of failure to maintain her weight at greater than 20% or less above the ideal weight. There is no clinical documentation that the patient has tried any exercise programs or diets previously without success. As such the medical necessity for a supervised weight loss program has not been proven; therefore, the request for supervised weight loss program x 10 weeks is non-certified.

**Transdermals:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request as submitted is for Transdermals; however, there is no specific type of transdermal requested. Without the specific type of transdermal being requested, the necessity cannot be established. California MTUS guidelines note topical analgesics are recommended only in cases when the patient is unable to take oral analgesics for some additional health reason; or they have had failed attempts at oral analgesic. There is no documentation of such. Due to the unclear type and dosage of transdermal medication the request for Transdermals is non-certified.

**Alprazolam ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The patient has been taking the requested longer than "short term". Per guidelines it is not recommended for long term use, as such the request for Alprazolam ER is non-certified.