

Case Number:	CM13-0046148		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2007
Decision Date:	02/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

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 chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of January 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; prior lumbar and cervical fusion surgeries; transfer of care to and from various providers in various specialties; lumbar facet joint blocks; and extensive periods of time off of work. In a utilization review report of October 8, 2013, the claims administrator certified a lumbar CT scan, a plastic surgery consultation; a pain management consultation; and a dental referral while denying request for Norco and a weight loss program. The applicant's attorney later appealed. The claims administrator denied the request for Norco on the grounds that the attending provider did not document the applicant's favorable response to opioids and denied the weight loss program on the grounds that the attending provider did not document the applicant's current and prior weight. An earlier note of August 28, 2013 is notable for comments that the applicant has gained 15 pounds since the date of injury. It is stated that the applicant has a disfiguring abdominal scar. The applicant reports that his pain is severe. He states that medications are improving his symptoms. He is on Naprosyn and Vicodin. Well-healed incisions are noted about the lumbar spine and right shoulder. The applicant is placed off of work, on total temporary disability. A plastic surgery consultation, Norco, lumbar CT, and weight loss program are sought. A later note of November 20, 2013 is again notable for comments that the applicant is off of work, on total temporary disability. On October 31, 2013, it is stated that the applicant is off of work, on social security disability. The applicant continues to have multiple complaints, including forearm pain, foot numbness, burning, paresthesias, dry mouth, and tooth decay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (unspecified dosage and quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, however, there is no evidence that the applicant meets these criteria. The applicant has failed to return to work. There is likewise no evidence of improved performance of non-work activities of daily living and no evidence of adequate analgesia effected as a result of ongoing Norco usage. In fact, the recent clinical progress notes provided suggest that the applicant continues to report severe pain, despite using Norco four times daily. For all of these reasons, then, the request remains non-certified, on independent medical review.

Weight Loss Program QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS does not address the topic of weight loss programs. As noted in MTUS 9792.20(j), however, other nationally recognized guidelines can be selected in this context. The nationally recognized guidelines can include a guideline that is developed, endorsed, and disseminated by a national organization with affiliates based in two or more US states. In this case, [REDACTED] Guidelines were selected. [REDACTED] is a national organization with affiliates based in two or more US states. [REDACTED] notes that weight loss programs are considered medically necessary in those individuals who have a BMI greater than 30, who have failed to lose at least 1 pound per week after at least six months on a weight loss regimen that includes a low-calorie diet, increased physical activity, and behavioral therapy. Alternately, those individuals with a BMI greater than 27 who have comorbidities such as coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, diabetes, etc. likewise qualify if they, too fail to lose at least one pound per week after at least six months on a weight loss regimen that includes low calorie diet, increased physical activity, and behavioral therapy. In this case, however, the applicant's height, weight, and BMI were not clearly stated. The applicant's previous attempts to lose weight of his own accord were not clearly described. It is not clearly stated that the applicant tried and/or failed to lose weight through dieting, exercise, or other behavioral modifications for a period of six months. The attending provider has not

detailed the applicant's weight or BMI in any recent progress note. For all of these reasons, then, the request remains non-certified, on independent medical review.