

<b>Case Number:</b>	CM13-0046572		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/13/1995
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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:

This is a patient with a date of injury of 8/13/95. A utilization review determination dated 10/22/13 recommends non-certification of a weight loss program and sildenafil. Ambien was modified to certify #15. 10/23/13 medical report identifies daily low back pain since health club membership withdrawn. On exam, lumbar range of motion is 75% of expected with no motor deficits. A 9/24/13 medical report identifies low back pain and occasional insomnia. Pain is 4/10. The patient also complains of weight gain due to limited activities of daily living and exercise flares the patient's pain. ROM is 50% of expected limited only in extension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 YEAR MEMBERSHIP IN WEIGHT LOSS PROGRAM: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Systematic review: an evaluation of major commercial weight loss programs in the United States," <http://www.ncbi.nlm.nih.gov/pubmed/15630109>.

**Decision rationale:** A search of the National Library of Medicine National Institutes of Health identified an article entitled "Systematic review: an evaluation of major commercial weight loss

programs in the United States." This article noted that, with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the medical records provided for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently request is not medically necessary and appropriate.

**AMBIEN 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, section on Zolpidem.

**Decision rationale:** ODG recommends the short-term use (usually two to six weeks) for patients with insomnia. Within the documentation available for review, there is no documentation of failure of non-pharmacologic treatment for insomnia, any significant improvement with the use of Ambien to date, and/or a clear rationale for the long-term use of the medication despite the recommendations of ODG against long-term use. In the absence of such documentation, the currently requested Ambien is not medically necessary.

**SILDENAFIL 100MG QTY 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

**Decision rationale:** This medication is indicated in the treatment of erectile dysfunction. Within the documentation available for review, there is a diagnosis of erectile dysfunction, but no documentation of the patient's response to the treatment to date, the need for ongoing treatment, and urology workup to confirm the diagnosis and rule out correctible causes of the disorder. In light of the above issues, the currently requested sildenafil is not medically necessary.