

Case Number:	CM13-0048885		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2011
Decision Date:	03/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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:

This patient report a date of injury of 6/9/11. A utilization review determination dated 10/16/13 recommends non-certification of ophthalmology consult since the described visual disturbance in association with the prescribed medications is unlikely to have caused any intrinsic injury to the eye. A weight loss program was also non-certified as it was noted that there was not enough clinical documentation to certify a weight reduction program. A medical report dated 10/22/13 identified that the patient needs to be evaluated by an ophthalmologist as he takes Neurontin chronically and has been complaining of visual disturbances, which are labeled as an adverse reaction to that medication. A weight reduction program is requested because the patient has been inactive due to his injury and surgeries, and he has gained an immense amount of weight due to that inactivity. A progress report dated 10/3/13 identifies that the eye complaints involve blurred vision since he started taking more medications for his pain and he has paid out of pocket to see an ophthalmologist and has recently been fitted for glasses since December 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a referral to Ophthalmologist: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations, page 127

Decision rationale: Regarding the request for referral to ophthalmologist, California MTUS does not specifically address the issue. ACOEM does support referral/consultation when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is documentation that the patient has visual disturbances including blurred vision since he started taking pain medication, which the provider attributes to gabapentin. Blurred vision is a potential side effect of gabapentin. However, there is no clear rationale for the referral at this time rather than simply discontinuing the medication, as that would be needed even if an ophthalmologist determined that gabapentin was the cause for the blurred vision. The patient's response to the above should better determine the need for a medication change versus specialty consultation. In light of the above issues, the currently requested referral to ophthalmologist is not medically necessary.

The request for weight reduction program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs," Tsai A.G. and Wadden T.A.; Ann R. CollSurgEngl, November 2009 "Obesity and recovery from low back pain: a prospective study to investigate

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: Regarding the request for a weight reduction program, CA MTUS and ODG do not address the issue. A search of the National Library of 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 Weight Watchers, 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 documentation available for review, the provider noted that the patient has gained an immense amount of weight due to inactivity from the injury and surgeries. However, despite an apparent inability to exercise, 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, and caloric restriction. In light of the above issues, the currently requested weight reduction program is not medically necessary.