

Case Number:	CM13-0050813		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2009
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 claimant is an [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; benzodiazepine anxiolytics; unspecified amounts of aquatic therapy; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report of November 1, 2013, the claims administrator approved a request for Norco, denied a request for baclofen, and denied a request for [REDACTED] Weight Loss Program. The applicant's attorney subsequently appealed. A later note of December 9, 2013 is notable for comments that the applicant is having issues with depression. She has a Global Assessment of Functioning (GAF) of 65. An earlier note of November 22, 2013 is notable for comments that the applicant is having ongoing issues with back spasms. Baclofen has reportedly been beneficial in reducing the spasm. She reports low back radiating to the right leg. She is also having insomnia and headaches. She reportedly had 12 recent sessions of aquatic therapy without benefit. She is status post prior lumbar fusion surgery in June 2012 which was not beneficial. She is using up to six tablets of Norco per day, she states her pain score ranges from 4/10 with medications to 10/10 without medications. The applicant states that she is able to improve performance of non-work activities of daily living, including cooking, shopping, self-care, and housekeeping with medications. She states that she is not able to maintain these activities of daily living without medications. The applicant is asked to pursue a weight loss program. Her height, weight, and her BMI, however, are not detailed on this note or on prior notes of October 24, 2013 and October 27, 2013. It is noted that a prior note of October 2, 2013 does state that the applicant's current weight is 5 foot 8 inches and 213 pounds, resulting in a BMI of 32. It is stated that the applicant has tried various

diet programs and exercise programs over the last year and a half to try and lose weight but that any weight loss has been minimal. The applicant is contemplating further spine surgery but would like to lose weight before pursuing the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen; 20 mg Tid Prn #90: 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 Page(s): 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, however, there is no evidence that the applicant carries either diagnosis of multiple sclerosis and/or spinal cord injury for which usage of baclofen would be indicated. Therefore, the request is not certified, on Independent Medical Review.

weight loss program: Overturned

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 Medical Treatment Utilization Schedule -Definitions.

Decision rationale: The MTUS does not address the topic. As noted in MTUS 9792.20j, nationally recognized guidelines disseminated by national organizations with affiliates based in two or more US states can be employed in this context in which the MTUS does not address the topic. As noted by Aetna, a national insurer with affiliates in two or more states, weight-reduction medications or programs are medically necessary in those individuals with a BMI greater than or equal to 30 who have tried and failed to lose weight to conventional dieting, exercise, and behavioral therapy for at least six months. In this case, the applicant has a BMI of 32, it has been stated. She has apparently tried and failed to lose weight through conventional means of dieting, exercise, behavioral modification, etc. This has apparently been unsuccessful. A weight-reduction program is therefore indicated. Accordingly, the request is certified, on Independent Medical Review.