

<b>Case Number:</b>	CM13-0056395		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/03/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 40 year old male who sustained an industrial work injury on 01/03/2010. He injured both knees while lifting an overweight patient without help. He has diagnoses of bilateral knee pain, diabetes and depression. Per the documentation he has gained 70 pounds since his injury. He has been diagnosed with diabetes and depression and has been maintained on medical therapy. On exam he walks with a restricted gait with both feet at an angle that causes him to waddle. The treating provider has requested a nutritional program, Prilosec, and Prozac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUTRITIONAL PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice paper of the Academy of Nutrition and Dietetics abstract: the role of nutrition in health promotion and chronic disease prevention

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine -Weight Loss Programs 2012

**Decision rationale:** There is no specific documentation addressed by ACOEM/MTUS Guidelines for weight loss requirements for chronic pain conditions. [REDACTED]

████████████████████ is beneficial for partial relief of symptoms for patients with obesity and arthritis. The provider has not provided a specific goal for weight loss and per the documentation, the patient has not undergone any counseling on lifestyle and behavioral modifications, such as diet and exercise. The specific weight loss program was not identified. The claimant has a history of diabetes and requires counseling for a diabetic diet. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**PRILOSEC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that Proton Pump Inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The patient is not presently maintained on any NSAID medication. The requested medication is not medically necessary.

**PROZAC 40MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on SSRIS (Selective Serotonin Reuptake Inhibitors) Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants for Chronic Page(s): 13-16.

**Decision rationale:** The requested medication, Fluoxetine 20mg is medically necessary for the treatment of the patient's condition. The claimant has depression as part of his chronic pain condition. Fluoxetine is an antidepressant in the group of drugs called selective reuptake inhibitors (SSRIs). The medical documentation indicates he is stable on the medication. Medical necessity for the medication, Fluoxetine has been established. The treatment is medically necessary.