

Case Number:	CM13-0063573		
Date Assigned:	12/30/2013	Date of Injury:	03/26/1999
Decision Date:	06/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 68 year-old patient sustained an injury on 3/26/1999 while employed by the [REDACTED]. A report of 8/29/13 from the provider noted the patient with continued bilateral knee pain, especially on the right side with difficulty walking and bearing weight for prolonged periods of time. The patient has been on a diet for about 6 months; however, has been unable to lose weight.. Exam showed tenderness along bilateral medial joint lines and subpatellar crepitation with painful range of motion on deep flexion. Diagnoses include obesity and bilateral knee medial compartment arthropathy. A report of 1/29/13 noted the patient with the same knee complaints. A report of 6/30/11 from the provider noted same knee complaints and medical joint line with tenderness with treatment of Vicodin under future medical benefits. A report of 6/10/10 noted knee complaints with tender medial knee joint line and high BMI, trying to lose weight, and remaining on Norco. There is a report of 10/25/12 noting the patient was trying to lose weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5.500 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization, or a change in work status. There is no evidence presented of random drug testing or utilization of a pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS Chronic Pain Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continued use of opioids with persistent severe pain. The request is not medically necessary and appropriate.

SUPERVISED WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Weight Reduction Medications and Programs http://www.aetna.com/cpb/medical/data/1_99/0039.html, and Systematic review: an evaluation of major commercial weight loss programs in the United States, <http://www.ncbi.nlm.nih.gov/pubmed/15630109>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The ODG does state high BMI in obese patients with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. The patient has been deemed P&S for several years and appears to have had weight issues for quite some time without major weight gain. Additionally, the knee symptoms, clinical findings, and diagnoses remain unchanged for years without acute flare, new injury, or surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. The provider has not identified what program or any specifics of supervision or treatment planned. As such, the request for a supervised weight loss program is not medically necessary and appropriate.