

<b>Case Number:</b>	CM14-0012548		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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 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 patient is a 52-year-old male who has filed a claim for lumbar stenosis and radiculopathy associated with an industrial injury date of May 27, 2010. The review of progress notes indicates lumbosacral pain radiating along the right L5 dermatome, depression, and sleep disturbance. Findings include a body mass index (BMI) of 43, decreased lumbar range of motion, and positive Kemp's test. An MRI of the lumbar spine dated December 01, 2010, showed disc protrusions at L4-5 and L5-S1; moderate canal stenosis at L4-5; severe right neuroforaminal stenosis at L5-S1; and probable left L3-4, right L4-5, and bilateral L5-S1 facet arthropathy. Electrodiagnostic testing of the lower extremities dated November 30, 2010, showed sensory demyelinating axonal polyperipheral neuropathy of the bilateral lower extremities, and right active L5 denervation. Of note, this patient has diabetes mellitus type 2. The treatment to date has included [REDACTED] weight loss program, lumbar epidural steroid injection, and opioids. The utilization review from January 15, 2014 denied the requests for follow-up with spine surgeon as surgical consideration is deferred at this time due to the patient's weight; continue home-based weight reduction program as there are no guideline recommendations recommending a specific home-based weight reduction program; oxycodone 10mg #120 and Norco 10/325mg #120, as this patient has been diagnosed with opioid dependency, and there was no documentation of improvement in function or pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with spine surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute and Chronic).

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

**Decision rationale:** The Official Disability Guidelines indicate that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. This patient is deemed a surgical candidate; however, the surgery was deferred due to the patient's weight. The patient is still above the ideal body weight for surgery, and there have not been any significant changes in the patient's condition since the surgery was deferred. Therefore, the request for follow-up with spine surgeon is not medically necessary.

**Continued home-based weight reduction program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline for the American College of Physicians. *Ann Intern Med* 2005 Apr 5; 142(7):525-31.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for and Management of Obesity and Adults: U.S. Preventive Services Task Force recommendations statement, June 2012 (<http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm>).

**Decision rationale:** The U.S. Preventive Services Task Force recommends screening all adults for obesity. Intensive, multi-component behavioral interventions are recommended for patients with a body mass index (BMI) of 30 or higher. Twelve to twenty-six (12 to 26) sessions in the first year is recommended. This patient has completed [REDACTED] weight loss program with continuation of the program at home, and maintained the same weight. The patient currently has a BMI of 43. There is no indication regarding the need for a formal home-based weight reduction program, as the patient has been able to continue the weight loss program at home. There is also no guideline recommendation regarding a home based weight loss program. Therefore, the request for home based weight reduction program is not medically necessary.

**Oxydocone 10mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient is noted to be stable on two (2) oxycodone tablets per day. This affords pain relief and ability to perform activities of daily living. The patient has a diagnosis of opioid dependence, but the requesting physician notes that there are no indications of adverse effects and aberrant drug-taking behaviors, and there are periodic urine drug screens consistent with the prescribed medications. As this patient's surgery has been deferred, continuation of this medication is a reasonable option to maintain a tolerable level of pain to allow for increased ability to function. Therefore, the request for oxycodone 10mg #120 is medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Norco 10/325mg #120 is not medically necessary.