

<b>Case Number:</b>	CM14-0013764		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

This is a 56-year-old male with a date of injury of 2/14/12. The mechanism of injury occurred when he was stocking and re-palletizing product, lifted boxes and felt a strain in his lower back. With a height of 68 inches and 250 lbs. at the time of injury, his BMI was 38. On 10/15/13, he was noted to have gained 67 pounds since his injury. He was instructed to continue attempting to eat healthy and exercise as tolerated. On 12/12/13, he complained of low back pain rated at 6-7/10, bilateral knee pain and increased spasms with restricted range of motion of the lumbar spine. He states that Terocin cream and ketoprofen does help decrease his pain. The patient was in no acute distress with range of motion decreased in all planes. The diagnostic impression is HNP of the lumbar spine and lumbar radiculopathy, obesity. Treatment to date: chiropractic therapy, acupuncture, aqua therapy, medication management, work restrictions. A UR decision dated 1/17/14 denied the request for a medically supervised weight loss program and Terocin Patches. There was no clinical data presented to suggest a need for a weight loss program at this time. Terocin is a compound cream with ingredients that are not endorsed by the CA MTUS for chronic pain. In addition, the efficacy and utility for these medications is not noted in the progress notes reviewed. The CA MTUS notes that the use of topical preparations such as compound medications that contain at least one drug that is not recommended makes the overall utilization of the product not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICALLY SUPERVISED WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES WWW.ODG-TWC.COM SECTION: LOW BACK-LUMBAR AND THORACIC (ACUTE AND CHRONIC); WORK LOSS DATA INSTITUTE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: ANNALS OF INTERNAL MEDICINE, VOLUME 142, PAGES 1-42, JANUARY 2005 "EVALUATION OF THE MAJOR COMMERCIAL WEIGHT LOSS PROGRAMS." BY TSAI, AG AND WADDEN, TA; AETNA CLINICAL POLICY BULLETIN: WEIGHT REDUCTION MEDICATIONS AND PROGRAMS.

**Decision rationale:** CA MTUS and ODG do not address this issue. Aetna and medical literatures states that supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However, weight loss is medically necessary because morbid obesity is a recognized Public Health and CDC identified health risk. However, the patient's BMI at the time of injury was 38 and he has since gained 67 pounds. If he weighed 250 pounds at the time of injury, his current weight would be 317 pounds, which puts him at a BMI of 48.2. It is noted that the patient has tried previous attempts at diet and exercise which has been unsuccessful. However, the request for a medically supervised weight loss program does not indicate duration of time being requested for the program, therefore the request, as submitted, for a medically supervised weight loss program was not medically necessary.

**TEROCIN PAIN PATCH BOX (10 PATCHES):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The patient has been diagnosed with lumbar radiculopathy, however, there was no documentation of any first-line

therapy treatment such as gabapentin. In addition, it is noted in the documentation that the patient has pain relief from Terocin cream, but the patches are not noted. In addition, there was no documentation of where the patient would place the patch and the duration/day the patch was to be used. There was no documentation of a trial period of Terocin patches to establish efficacy. Therefore, the request for Terocin Pain Patch Box (Ten Patches) was not medically necessary.