

Case Number:	CM14-0015544		
Date Assigned:	02/28/2014	Date of Injury:	12/18/2012
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 30-year-old female who reported an injury on 12/18/2012 and the mechanism of injury was from a fall. The clinical note dated 12/30/2013 indicated the injured worker reported she was working and on a modified duty program. She had tried to lose weight by walking twice a day. The injured worker complained of neck and back pain. On examination of the cervical spine, there was tenderness to the paracervical musculature, significant reduction in range of motion, and there was limited mobility. On examination of the lumbar spine, there was tenderness to the paralumbar musculature, and significant reduction in range of motion with limited mobility. The neurovascular status was intact and the sensibility was intact. The physician's treatment plan included initiating the injured worker on AppTrim as a medication to help with weight reduction for her morbid obesity and a sheet outlining dietary suggestions was given to the injured worker. The clinical note from 01/23/2014 indicated the injured worker's diagnoses were lumbar sprain, cervical strain, resolving knee contusion and strain, resolving wrist contusion and strain, and morbid obesity. The injured worker reported that she had continue to have upper back and neck pain at an 8/10 and low back pain at 5/10. The injured worker also complained that she had bilateral shoulder pain rated at 8/10. The physician reported on examination of the lumbar spine, there was tenderness in the paraspinous musculature of the lumbar region, midline tenderness and muscle spasms were positive. The sacroiliac examination revealed there was tenderness noted on compression, sciatic nerve compression was positive and the Waddell signs are negative. The current request for Norco and AppTrim for weight reduction was requested on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco are for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. The guidelines also indicate from weaning of medication, gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The clinical documentation failed to indicate that ongoing management for the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant behavior was being conducted on the injured worker's clinical visits. The information also failed to indicate if the Norco was controlling the injured worker's pain. The physician also failed to provide the dosage and frequency for the medication. Therefore, the request for Norco is not medically necessary.

APPTRIM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC, Pain Procedure.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that a medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and is intended for the specific dietary management of disease or condition for which distinctive nutritional recommendations, based on recognized scientific principles, are established for medical evaluation. The medication AppTrim is a choline for which there is no known medical need for the choline supplement except for a long term nutrition or individuals with choline deficiency secondary to liver dysfunction. The medical records provided failed to indicate if the injured worker had a distinctive requirement for the use of choline and was not noted to have a liver deficiency. Therefore, the request for a decision for Apptrim is not medically necessary.