MAXIMUS Federal Services

Case Number:	CM14-0119470		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2005
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 family Practice 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:

64 yr. old female sustained a cumulative work injury from 7/12/01 to 10/2/02 involving the neck, elbows and back. She was diagnosed with epicondylitis, thoracic strain, cervical disc bulging (C3-C5), shoulder strain and cervical neural foraminal narrowing. She had received epidural steroid injections for pain. She had been on Norco for over a year for pain control and had undergone therapy and manipulation. A progress note on 5/27/14 indicated the claimant had continued 9/10 neck pain and back pain. She weighed 264 lbs and was 5 foot 6 inches tall. Exam findings include paraspinal tenderness and a positive Spurling's sign. Right shoulder range of motion was reduced and there was decrease sensation in the c5-C6 dermatomes. She was continued on Norco 10 mg. A subsequent referral was also made for a 10 week [redacted] weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (unknown QTY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Weight loss program with [redacted]; ten weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation http://www.ncbi.nim.nih.gov/pubmed/15630109.

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: National Obesity Guidelines.

Decision rationale: The MTUS and ACOEM guidelines do not comment on weight loss programs. According to the National Guidelines, Overweight and obese individuals should be prescribed a volume of physical activity equal to approximately 1,800 to 2,500 kcal/week. This corresponds to approximately 225 to 300 min/week of moderate intensity physical activity (which may be achieved through five sessions of 45 to 60 minutes per week, or lesser amounts of vigorous physical activity). Dietary interventions for weight loss should be calculated to produce a 600 kcal/day energy deficit. In this case, there is no mention of dietary / caloric restriction attempt and counseling on weight management. There is no mention of education on regular self-weighing and lifestyle modification. In addition, there is limited evidence on weight loss programs and length of treatment. The request therefore for a weight management program is not medically necessary.