

<b>Case Number:</b>	CM14-0125226		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 57 year old female with a date of injury on 9/24/2004. Diagnoses include lumbar disc displacement, lumbar post-laminectomy syndrome, neurogenic claudication, and obesity. Subjective complaints are of chronic low back pain with radicular symptoms to the right leg. Pain was as 10/10 without medications and 6/10 with medications. Physical exam shows an antalgic gait, decreased lumbar spine range of motion, tenderness over lumbar paraspinal muscles, decreased hip range of motion. Strength in lower extremities was 4/5, and decreased right L5 sensation. Medications include Gabapentin, Norco 10/325mg 4 times a day, Oxycodone 30mg every 4-6 hours, Valium 10mg. Records indicate that opioids decreases pain by 45% and increases daily functions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 Medical Weight Loss Program between 6/24/14 & 9/1/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians Ann Intern Med 2005 Apr 5;142(7):525-31. Pharmacologic and Surgical Management of Obesity in primary care

**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: Systemic Review: An Evaluation of Major Commercial weight Loss Programs. Annals of Internal Medicine, January 4 2005.

**Decision rationale:** CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation shows patient is overweight but does not reach a BMI to be considered obese. Medical records do not identify prior home weight loss interventions that had not been successful. Referenced guidelines indicate that the only evidence supporting a weight loss program was for [REDACTED]. While the need for weight loss identified, submitted records do not indicate prior diet modification, specific weight loss exercise program, or calorie restriction. Therefore, the medical necessity of a weight loss program is not established.

**Prospective request for 1 prescription of Norco 10/325mg, Quantity 180 with 1 refill:**  
Overturned

**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): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA MTUS Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Prospective request for 1 prescription of Oxycodone 30mg, Quantity 135:** Overturned

**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): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA MTUS Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore,

the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Prospective Request for 1 prescription of Oxycodone 30mg, Quantity 135: Overturned**

**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): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA MTUS Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Prospective request for 1 prescription of Valium 10mg, Quantity 30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 401, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient, Valium has been utilized chronically which exceeds guideline recommendations. Furthermore, submitted documentation does not indicate prior psychological evaluation or rationale for ongoing therapy with Benzodiazepines. Due to these reasons, the medical necessity of Valium is not established.