

Case Number:	CM14-0130382		
Date Assigned:	08/20/2014	Date of Injury:	07/05/2012
Decision Date:	09/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/15/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 35-year-old male whose primary complaints were low back pain and lower extremity pain, right greater than left as well as thoracic spine pain. The AME evaluation done on June 9, 2014 was reviewed. The date of injury was 7/5/12 and the mechanism of injury was low back pain that developed after pulling on a heavy pallet with a manual pallet Jack which had become stuck. He was initially treated with the work modifications, Norco and Flexeril. An initial MRI of the lumbar spine on 1/4/13 showed fairly small central spinal canal, mild degenerative changes of the disc at L3-4 and the small, central, posterior annular disc protrusion at L5-S1. He had electrodiagnostic studies in February of 2013 that failed to show any evidence of lumbar radiculopathy. Her thoracic MRI done on 5/13/14 showed significant right posterior disc protrusions at T4-5 and T5-6 as well as a disc protrusion at T6-7. His medications were Norco 7.5 mg 2-3 times a day, soma 350 mg, tramadol, Naprosyn, metoprolol and over-the-counter allergy medications. His weight when he was in high school was 205-210 pounds. This increased to 350 pounds. From 2005-2007, he worked out in the gym, which helped him lose 75 pounds. At the time of the injury he was 310 pounds. His diagnoses included chronic thoracolumbar back pain, chronic lumbosacral back pain, trochanter bursitis of the right hip, morbid obesity, metabolic syndrome, generalized deconditioning and anxiety with depression and panic attacks. Recommendations included pain management consultation, supervised help to lose weight, physical therapy, psychology/psychiatric consultation, diagnostic/therapeutic cortisone injections of his right hip. On 7/22/14, he was seen by the treating provider. His subjective complaints included low back pain with bilateral lower extremity symptoms, 7/10 scale. He had right hip pain, 5/10 scale and thoracic pain, 5/10 scale. His medications included hydrocodone 10 mg which facilitated significant diminution in somatic pain. He denied side effects. Objective findings included tenderness in the lumbar and thoracic spine with limited

range of motion and an unchanged right hip exam. Diagnoses included protrusion of C4-5, C5-6, T6-7 with neural encroachment, fusion L3-4 and L5-S1 with central stenosis, lumbar myofascial pain, thoracic myofascial pain, obesity and reactive depression/anxiety. The plan of care included physical therapy for lumbar spine and thoracic spine at 3 times a week for 4 weeks. Also requested was [REDACTED] weight loss program for 3 months and psychological consultation. He was advised to continue with hydrocodone 10 mg up to 4 times a day and tramadol 50 mg twice a day. A retro request for random urine toxicology screen, qualitative and quantitative was also sent a urine drug screen from 2/4/14 was reviewed and was noted to be positive for hydrocodone, hydromorphone, oxymorphone, norhydrocodone and acetaminophen. Tramadol was not detected and oxymorphone detection was not expected with the prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] weight loss program x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presely Reed, MD. Obesity.

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: Obesity in adults: Behavioral therapy. Uptodate.

Decision rationale: The employee was treated for lumbar as well as thoracic back pain. He also had obesity and depression. His BMI was over 48 necessitating weight loss to prevent complications. According to the above article, commercial weight loss programs can be expensive, sometimes employ very low calorie diets, and only occasionally has been evaluated in controlled clinical trials. Since the commercial programs do not carry any higher risk than other dietary programs, the patient and health care provider can select among programs, with the recommendation that programs with clinically demonstrated efficacy be the first choice. Systematic reviews are available for [REDACTED] and [REDACTED]. There were no systematic reviews available for [REDACTED] weight loss program. An internet search on [REDACTED] weight loss program shows a variety of options for medically supervised weight loss. The review of medical records submitted for review indicates that the patient underwent an AME in April, 2014 which recommended the patient to participate in a supervised weight loss program. But there is no documentation that the patient tried an independent program of calorie restriction and increased physical activity prior to attempting a more expensive commercial weight loss program with very limited evidence based on peer reviewed literature.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain (for example Knee)>, Urine drug testing.

Decision rationale: The employee was being treated for low back pain and thoracic back pain. He was being treated with Hydrocodone 10mg and Tramadol 50mg. His last urine drug screen was from February 2014 and was consistent with Hydrocodone intake and inconsistent with Tramadol intake. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done . The Official Disability Guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the employee has not had a repeat urine drug testing since February. Hence the request for urine drug testing is medically necessary and appropriate.