MAXIMUS Federal Services

| Case Number: | CM14-0150716 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 07/23/2004 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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 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:

The patient is a 51-year-old female who has submitted a claim for lumbar disc herniation with bilateral radiculopathy associated with an industrial injury date of July 23, 2004. Medical records from 2006 through 2014 were reviewed, which showed that the patient complained of low back pain. Since the injury, the patient had a 100 pound weight gain. The patient has had a history of major depressive disorder with anxious mood and panic attacks. Examination revealed that the patient was casually dressed and well groomed. She had a clear sensorium with no sign of a thought disorder or perceptual disturbance. Motor exam of her right lower limb showed that she had normal strength for ankle dorsiflexion, great toe extension and ankle plantar flexion.Treatment to date has included oxycodone/APA, aspirin, baclofen, doxepin, duloxetine, omeprazole and pregabalin. Regarding the weight problem, it was noted that the patient was able to lose some weight by changing diet. The provider stated that the patient had not been able to accomplish any significant weight loss with diet alone and that physical exercise was difficult due to a right lower extremity injury and chronic pain. A Utilization review from September 4, 2014 denied the request for Medically-supervised weight loss program QTY: 1.00 and urine drug screen. The request for the weight loss program was denied because it is unclear form the records if the patient had trialed other methods in losing weight and there are limited exceptional factors that hinder the patient to perform an exercise program independently to manage weight gain that necessitate a weight loss program. The request for the urine drug screen was partially certified with 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x1.

## 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 QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medically disability advisor by Presley 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: Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs.

**Decision rationale:** The CA MTUS does not address weight loss programs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin no. 0039 Weight Reduction Medications and Programs was used instead. It states that the criteria for usage of weight reduction programs and/or weight reduction medications include individuals with a BMI greater than or equal to 30, or those individuals with BMI greater than or equal to 27 with complications including coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea, and/or diabetes who have failed to lose at least 1 pound a week for at least six months on a weight-loss regimen that includes a low-calorie diet, increased physical activity, and therapy. In this case, the patient was prescribed a medically-supervised weight loss program because she had a 100 pound weight gain since the injury and weight loss will help with the back pain and overall function. However, the records submitted do not contain the patient's height and weight to determine the patient's BMI. There is also no evidence that the patient has coronary artery disease, dyslipidemia, hypertension, obstructive sleep apnea and/or diabetes. Furthermore, there was limited evidence of prior attempt with exercise, behavior modification and drug therapy. Therefore, the request for Medically-supervised weight loss program QTY: 1.00 is not medically necessary.

**Urine drug 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 Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, tools for risk stratification and monitoring, Urine Drug Testing

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines recommends urine drug testing for ongoing opioid use (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression). According to the ODG guidelines, frequency

of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient was prescribed urine drug screen because she is taking opioids. Although the patient had no signs of a drug aberrant behavior currently, she does have a history of major depression, which may predispose her to a drug aberrant behavior. The last urine screen was on 7/18/13, which was consistent with prescription history. It seems reasonable to perform a repeat urine drug screen this year. Therefore, the request for a urine drug screen is medically necessary.