

Case Number:	CM14-0167225		
Date Assigned:	10/14/2014	Date of Injury:	09/13/2011
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, knee pain, leg pain, and groin pain reportedly associated with an industrial injury of September 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a knee brace; and topical compounds. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a weight loss program, incorrectly stating that the MTUS did not address the topic. The claims administrator stated that weight loss was a lifestyle choice. The claims administrator then denied a urine drug screen performed on August 12, 2014. In a progress note dated January 8, 2014, the claimant reported persistent complaints of ankle pain. The claimant's medication list included Lidoderm, Norco, Bisoprolol, Flomax, Hydrochlorothiazide, Klonopin, Zocor, Tizanidine, and Pamelor. Lidoderm, Norco, and work restrictions were endorsed, although it was suggested that the applicant's employer was unable to accommodate said limitations. On October 7, 2014, the claimant again presented with chronic ankle pain complaints. It was stated that the applicant had gained 50 pounds since January 2013. The applicant was reportedly walking 15 minutes a day and using six tablets of Norco daily as well as Nortriptyline nightly. The claimant's BMI was 39 based on a height of 6 feet 3 inches and weight of 310 pounds. The weight loss program and urine drug screen denials were appealed. The applicant was again given work restrictions which were seemingly resulting in his removal from the workplace. On August 12, 2014, the applicant was again described as standing 6 feet 3 inches tall, weighing 310 pounds, with resultant BMI of 39. A weight loss program was endorsed. It was stated that the applicant's weight gain was worsening his foot and ankle pain. It was acknowledged that the applicant was not working. The applicant's medication list included Lidoderm, EMLA cream, Xanax, Norco, Bisoprolol, Flomax, Hydrochlorothiazide, Klonopin,

Zocor, Tizanidine, and Pamelor. Urine drug testing of January 23, 2014 was reviewed. The urine drug testing did include non-standard testing for approximately 15 different opioid metabolites, multiple benzodiazepine and barbiturate metabolites, and did, furthermore, incorporate confirmatory, quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 11 does note that strategies based on modification of applicant-specific risk factors such as weight loss may be "less certain, more difficult, possibly less cost effective," the tepid-to-unfavorable ACOEM position is offset by Medscape's Obesity Treatment and Management article, which notes that evidence does support usage of 12-week commercial weight loss programs. In this case, the attending provider has posited that the applicant's weight gain is impeding and delaying his recovery from the effects of his industrial knee and ankle injuries. The applicant's weight gain, thus, is seemingly preventing his return to the workplace. In this particular case, then, the weight loss program may be the most cost effective and appropriate option. Therefore, the request is medically necessary.

Retrospective Urine Drug Screen Obtained 08/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for along with the request for authorization, attach an applicant's complete medication list to the request for authorization, attempt to conform to the best standards of the United States Department of Transportation

(DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, confirmatory and quantitative testing's were seemingly performed, despite the unfavorable ODG position on the same. Non-standard testing which included testing for multiple different opioids and antidepressant metabolites was also performed. Such testing does not conform to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.