

Case Number:	CM14-0169415		
Date Assigned:	10/17/2014	Date of Injury:	09/10/2011
Decision Date:	12/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/14/2014

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:

This is a 31-year-old male with a 9/10/11 date of injury, when he was pushing and pulling pallets at the store and developed sharp pain in the right foot with soreness in the low back. The patient was seen on 7/25/14 with complaints of 7/10 pain in the lumbar spine, radiating into the bilateral legs with occasional numbness and tingling. Exam findings revealed wide-based gait, diffuse tenderness to palpation over the lumbar paraspinals and mild facet tenderness. The SLR test was positive on the right and the lumbar flexion and extension were decreased. The progress note stated that the patient gained 60 pounds since his injury and his weight was currently 300 pounds. The physician noted that the last UDS (urine drug screen) test was negative for Norco. The progress notes indicated that the patient has UDS tests on 4/2/14, 5/12/14 and 6/27/14 and they were consistent with the opioid use. The diagnosis is bilateral ankle sprain/strain, lumbar radiculitis and chronic pain. Treatment to date: work restrictions, lumbar epidural steroid injections, PT, and medications. An adverse determination was received on 9/10/14 given that the patient had 2 UDS in the past 4 months that showed compliance with opioids and that there was a lack of documentation indicating the patient's BMI and that the patient failed traditional dietary modification and exercise routine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Testing for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter UDS test

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The progress notes indicated that the patient underwent at least 4 UDS tests in past 6 months. The requesting physician stated that he had an agreement with the patient, that the patient will be randomly tested. However, there is a lack of documentation indicating that the patient had a positive or "at risk" addiction screen on evaluation, or if aberrant behavior was suspected. In addition, ODG states that for patients at "moderate risk" for addition/aberrant behavior recommendation is point-of-contact screening 2-3 times a year with confirmatory testing for inappropriate or unexplained results. Lastly, three random UDS tests available for the review showed compliance with opioids. Therefore, the request for urine toxicology screening is not medically necessary.

██████ **Weight Loss program:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: CA MTUS and ODG guidelines do not address this issue. Aetna Clinical Policy Bulletin recommends physician supervised weight reduction programs. Physician supervised weight loss programs are reasonable in patients who have a documented history of failure to maintain their weight at 20 % or less above ideal or at or below a BMI of 27 when the following criteria are met: BMI greater than or equal to 30 kg/m; or a BMI greater than or equal to 27 and less than 30 kg/m and one or more of the following comorbid conditions: coronary artery disease, diabetes mellitus type 2, hypertension (systolic blood pressure greater than or equal to 140 mm Hg or diastolic blood pressure greater than or equal to 90 mm Hg on more than one occasion), obesity-hypoventilation syndrome (Pickwickian syndrome), obstructive sleep apnea, or dyslipidemia (HDL cholesterol less than 35 mg/dL ; or LDL cholesterol greater than or equal to 160 mg/dL; or serum triglyceride levels greater than or equal to 400 mg/dL. However the progress notes indicated that the patient gained 60 pounds since his injury and his current weight was 300 pounds, there is a lack of documentation indicating that the patient tried and failed diet modification and exercise routine. In addition, the patient was already obese before his injury with BMI of 37.6. Given that the patient would certainly benefit from weight loss, the requested program does not fall under the medically necessary physician overseen program. Therefore, the request for ████████ weight loss program is not medically necessary.

