

Case Number:	CM14-0183480		
Date Assigned:	11/10/2014	Date of Injury:	08/27/2004
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This is a 58-year-old female with a date of injury of 8/27/04. Mechanism of injury appears to be cumulative trauma from working as a collections representative. The patient is retired and was previously determined to be P & S. She has ongoing chronic symptoms and is currently followed by an orthopedic specialist for diagnoses of cervical sprain/strain, multilevel disc bulge, s/p left wrist ganglion cyst excision, s/p bilateral carpal tunnel release, and s/p left shoulder surgery. An AME from 6/30/14 states that on 12/05/13, recommendations were made for a pain specialist referral for consideration of ESI, aquatic therapy, medications, and a weight loss program. The AME notes that the patient weighs 362 pounds. The patient saw her PTP in follow-up on 10/06/14. He notes that the patient has recently had a heart attack on 9/21/14 and was in the ICU for 3 days. There is no clarification on what kind of weight "program" is being requested, or for duration of a trial of such a program. Duexius is also recommended. This was submitted to Utilization Review with an adverse decision rendered on 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Management Class: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 115 and 138. Decision based on Non-MTUS Citation Ann Intern Med. 2005 Jan 4;142(1):56-66. Systematic review: an evaluation of major commercial weight loss programs in the United States

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain section is silent on the issue of weight loss programs, and ACOEM is vague on this subject, but does recognize that there is general benefit to patients to increase physical activity and that weight reduction can enhance self-esteem. Therefore, consider the above referenced review from the Annals of Internal Medicine, which published an evaluation of the major commercial weight loss programs in the United States. It concludes that with the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. In this case, the patient is morbidly obese and has a history significant for a recent myocardial infarction the previous month requiring a 3-day stay in the ICU. The request for weight loss program does not include what type of program, duration of the trial, description of what is included in this program, and cardiac clearance from the physician who addressed the recent heart attack. Given the recent cardiac event and lack of details of the requested program, medical necessity for a weight management class is not established.

Duexis 800 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS non-steroidal anti-inflammatory drugs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors

Decision rationale: While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of non-steroidal anti-inflammatory drugs (NSAIDS) for orthopedic conditions. In this case, the patient recently had a significant cardiovascular event, and cardiac clearance for ongoing NSAIDS should be done with consideration of not using one at all given the recent myocardial infarction. With regards to a combination pill with an NSAID, Ibuprofen, compounded with a GI protectant, Famotidine, there is no medical necessity for combining the two medications. Ongoing use of a GI protectant is reasonable with chronic NSAID use, but they can easily be prescribed separately. This affords the doctor more options with regards to using different medications in both the NSAID and GI protectant classes, should one of the medications be found to be ineffective and a trial of a different medication in the class is desired. Medical necessity for Duexis is not established.