

Case Number:	CM14-0028017		
Date Assigned:	06/16/2014	Date of Injury:	03/26/2008
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 62 year old male with a date of injury on 3/26/2008. Patient has been treated for chronic lumbar spine pain, and has diagnosis of status post lumbar laminectomy syndrome. Subjective complaints are of moderate low back pain that radiates to the left lower extremity. Physical exam shows lumbar tenderness, increased muscle rigidity, and decreased range of motion. There was decreased left lower extremity strength and reflexes. Prior treatment includes self-directed physical therapy, aquatic therapy, and medications. Since the patient's last surgery on 6/2/2012 patient has gained 60 pounds. Current weight is 258 pounds at 5'8" tall. Medications include MS Contin 30mg twice a day, Roxicodone 15mg twice a day, Lyrica, Zofran, Androgel, Flexeril, Sonata, Neurontin, Dendracin, Prevacid, Prezista, Norvir, and Truvada.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR MS CONTIN 30 MG, QTY: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of California Medical Treatment Utilization Schedule (MTUS) opioid compliance guidelines, risk assessment, updated urine drug screening, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

PRESCRIPTION FOR ROXICODONE 15 MG, QTY: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, risk assessment, updated urine drug screening, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

REQUEST FOR 1 [REDACTED] PROGRAM BETWEEN 2/10/2014 AND 4/7/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Colleg of Physicans.

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: SYSTEMIC REVIEW: AN EVALUATION OF MAJOR COMMERCIALWEIGHT LOSS PROGRAMS. Annals of Internal Medicine, January 4 2005.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation supports the need for weight loss with a current weight of 258 pounds. Medical records show that patient has used a home exercise program, and has been unsuccessful in losing weight. Treating physician recommended a weight loss program, and specifically mentions [REDACTED]. Guidelines show supportive evidence that [REDACTED] programs were

successful for weight loss. Therefore, the request for a weight loss program is medically necessary.