

Case Number:	CM14-0036753		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2003
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/26/2014

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 New York and North Carolina. 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 46 year old man claims occupational exposure to respiratory irritants 3/1/03 and diagnosed with asthma and gastroesophageal reflux disease (GERD). He finished furniture - sanding and painting. He states that mid back pain is compromising his respiratory status - he becomes more short of breath. He is also morbidly obese, BMI 41.5% and requesting referral to a weight loss program because his weight also makes breathing more difficult. He has tried some dietary modification on his own.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. He has not satisfied this criteria for use of Lidoderm, by using the

patch on the upper back or showing evidence that other medications, as noted, have been used. The request is denied.

Supervised Weight Loss Program: Upheld

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, pgs 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." by A.G. Tsai and T.A. Wadden ; Annals of Royal College of Surgeons of England, Nov 2, 2009, "Obesity and Recovery from Low Back Pain: A Prospective Study to Investigate the Effect of Body Mass Index on Recovery from Low Back Pain." by Mangwani J, Giles C, Mullins M, Salih T, Natali C.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adam Gilden Tsai, MD; and Thomas A. Wadden, PhD. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Ann Intern Med. 2005;142(1):56-66.

Decision rationale: [REDACTED] reviewed commercial weight loss programs and concluded 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. This patient has already been approved for visits to the dietician, and can proceed with this for education and guidance on food intake/choices, exercise recommendations, etc. The request for supervised weight loss is denied.