MAXIMUS Federal Services

Case Number:	CM14-0051903		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2007
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 46 year old female injured on 02/01/07 due to undisclosed mechanism of injury. Current diagnoses included left ankle ligament strain/tear/tendinitis, bilateral knee contusion/tendinitis, degenerative joint disease, spondylolisthesis L5 to S1 with pars defect, and obesity. Clinical note dated 03/14/14 indicated the injured worker presented complaining of ongoing low back pain with left lower extremity involvement rated 8/10 on pain scale. The injured worker described her low back pain as aching and burning with associated numbness and tingling in the right foot. The injured worker also complained of occasional knee pain. Physical examination revealed morbidly obese female, height 5'3 weighing approximately 280 pounds, significantly reduced range of motion in the lumbar spine, paraspinous muscle spasm in the left, posterolateral foot and heel sensation, positive straight leg raise test on the left, and sacroiliac joints stable on stress testing. Medications included Advil, AppTrim-D, Tramadol/ Acetaminophen, and Naproxen sodium. The initial request for Lindora weight loss program, Fluriflex 15/10 percent 180gram, and TG Hot (Tramadol/Gabapentin/Menthol/Camphor/ Capsaicin) 8/10/2/2/0.5 percent 380gram topical cream was noncertified on 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted]**weight loss program:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological and surgical management of

obesity in primary care: a clinical practice guideline from the American College of Physicians; Pharmacologic and surgical management of obesity in primary care; a clinical practice guideline from the American College of Physicians.

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: Cheryl L. Rock, PhD, RD; Shirley W. Flatt, MS; Nancy E. Sherwood, PhD; Njeri Karanja, PhD; Bilge Pakiz, EdD; Cynthia A. Thomson, PhD, RD. October 27, 2010, Vol 304, No. 16. Effect of a Free Prepared Meal and Incentivized Weight Loss Program on Weight Loss and Weight Loss Maintenance in Obese and Overweight Women.

Decision rationale: Based on review of the medical records provided, there is no indication the injured worker has trialed and failed multiple structured home-based exercise and diet programs prior to requesting a formal weight loss program. As such, the request for [redacted] weight loss program cannot be recommended as medically necessary.

Fluriflex 15/10% 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration (FDA), and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Fluriflex 15/10 percent 180 gram cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TGHot 8/10/2/2/05% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration (FDA), and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. This compound contains components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore TG Hot 8/10/2/2/05 percent 180 gram cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.