

Case Number:	CM14-0091122		
Date Assigned:	07/25/2014	Date of Injury:	04/25/2009
Decision Date:	09/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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:

Patient is an injured worker who is status post knee arthroscopic surgery. Date of injury was 04-25-2009. The progress report dated 05-08-2014 documented subjective complaints of bilateral knee pain. Physical examination revealed weight at 221 lbs, antalgic gait, effusion of knees, tenderness over medial and lateral joint line, decreased range of motion of the knees with crepitus, positive Clarke's sign, negative Lachman's test, and negative varus valgus stress test bilaterally. Diagnoses include internal derangement of right knee status post arthroscopic surgery, osteoarthritis of right knee, musculoligamentous strain of lumbar spine, and herniated ruptured disc disease. Treatment plan recommendations included continuation of [REDACTED] weight loss program and Vicodin ES 7.5/300 mg. Utilization review decision date was 06-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300 mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines, regarding opioids, state the lowest possible dose should be prescribed to improve pain and function. Pain assessment should include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). ACOEM Guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM Guidelines state that the long-term use of opioids is not recommended for knee and back conditions. No directions for medication use were documented in the records received. Medical records do not document analgesia and improvement of activities of daily living with opioid medications. As such, the request is not medically necessary.

■■■■■ weight loss program, QTY: additional 10 weeks: 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 Other Medical Treatment Guideline or Medical Evidence: Annals of Internal Medicine, An Evaluation of Major Commercial Weight Loss Programs in the United States. Adam Gilden Tsai MD and Thomas Wadden PhD.

Decision rationale: An Evaluation of Major Commercial Weight Loss Programs published in the Annals of Internal Medicine, concluded that the evidence to support the use of major commercial and self-help weight loss programs is suboptimal. There are no randomized controlled trials that support the effectiveness of the ■■■■■ commercial weight loss program. Medical records indicated that the patient had been participating in the ■■■■■ weight loss program. A ten week extension of the ■■■■■ program was requested. The progress report dated 05-08-2014 documented a weight of 221 pounds. No weight loss was documented in the medical records. There was no evidence in the medical records of the effectiveness of the ■■■■■ program for this patient. Medical literature reviewed and the submitted medical records do not support the medical necessity of the ■■■■■ weight loss program. As such, the request is not medically necessary.