

Case Number:	CM14-0174012		
Date Assigned:	10/27/2014	Date of Injury:	09/20/2012
Decision Date:	02/04/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old male with an injury date on 09/20/2012. Based on the 09/23/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Chest wall pain 2. Medical back pain 3. Thoracic strain 4. Umbilical hernia . According to this report, the patient complains of chest wall tender. Objective finding indicates positive straight leg raise on the right. The patient's work status is to "remain off work until next." The 08/05/2014 report indicates patient has "persistent chest wall pain-as well as "everywhere." Objective finding indicates right abdominal tender to touch, and positive straight leg raise on the right. The 06/24/2014 2014 report indicates patient has "RUQ tenderness" and "lumbar tenderness." There were no other significant findings noted on this report. The utilization review denied the request for (1)Diabetes Rx on an industrial basis, (2) Weight loss program, (3)Percocet 10/325mg #112 on 10/09/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/04/2014 to 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetes Prescription: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: According to the 09/23/2014 report, this patient presents with chest wall tenderness and right abdominal tender to touch. The current request is for Diabetes Rx on an industrial basis but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "The records provided do not specify the medications being requested, such as the name, dose, etc. to warrant the request. Thus, the request for diabetes RX on an industrial basis is not medically necessary or appropriate." In reviewing the medical reports provided, the treating physician does not document the name and dosage of the medication requested. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

Weight Loss Program: 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: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039.

Decision rationale: According to the 09/23/2014 report, this patient presents with chest wall tenderness and right abdominal tender to touch. The current request is for Weight loss program but the treating physician's report and request for authorization containing the request is not included in the file. Regarding weight loss programs, MTUS and ODG Guidelines do not provide a discussion. AETNA guidelines are used which considers weight reduction medically necessary and states "considered medically necessary for weight reduction counseling in adults who are obese (as defined by BMI 30 kg/m²**)." AETNA allows for medically supervised programs only and no other programs such as exercise programs or use of exercise equipment, Rice diet or other special diet supplements (e.g., amino acid supplements, [REDACTED] liquid protein meals, [REDACTED] pre-packaged foods, or phytotherapy), [REDACTED], or similar programs. In this case, the treating physician does not provide the patient's BMI. There is no discussion as to what this weight loss program is to entail, whether or not it is medically supervised, what type of program it is. Therefore, the current request is not medically necessary.

Percocet 10/325mg #112: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for the use of Opioids Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 09/23/2014 report, this patient presents with chest wall tenderness and right abdominal tender to touch. The current request is for Percocet 10/325mg #112 but the treating physician's report and request for authorization containing the request is not included in the file. This medication was first mentioned in the 03/04/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the documentation provided does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.