

Case Number:	CM15-0006477		
Date Assigned:	01/26/2015	Date of Injury:	03/20/2013
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female who reported an injury on 03/20/2013 after reportedly twisting her ankle. The injured worker's treatment history included physical therapy, a TENS unit, multiple medications, and surgical intervention. The injured worker was evaluated on 11/26/2014. The injured worker's diagnoses included status post left ankle arthroscopy, thoracic/lumbar sprain/strain, lower extremity radiculopathy, and right knee sprain. Objective findings included tenderness to palpation of the medial and lateral ankle. It was noted that the injured worker was participating in a home exercise program and regularly exercising. It was noted that the injured worker had lost 5 pounds with the independent regimen. It was noted that the injured worker was 5 feet 6 inches with a current weight of 281 pounds and a BMI of 43. It was noted that the injured worker had gained approximately 40 pounds since the date of injury. The injured worker's treatment plan included a refill of medications and a supervised weight loss program. A Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Ultram ER 150 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that continuation of opioids be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 3/10 pain both with and without meds. It is indicated that the injured worker has had an improvement in participation in a home exercise program and ability to walk as a result of medications. However, the clinical documentation does not support that the injured worker has significant pain relief from medications. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior with urine drug screens. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ultram ER 150 mg #30 is not medically necessary or appropriate.

■■■■ weight loss program; ten weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle Modifications.

Decision rationale: The requested ■■■■ weight loss program; ten weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has increased her exercise output and lost 5 pounds. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend a supervised weight loss program when the injured worker has failed to respond to an independent weight loss program to include increased exercise output and caloric restrictions. The clinical documentation submitted for review does indicate that the injured worker has been responsive to increased exercise output. There is no discussion of independent self-managed calorie restrictions to assist with weight loss. Therefore, a supervised weight loss program would not be supported in this clinical situation. As such, the requested ■■■■ weight loss program; ten weeks is not medically necessary or appropriate.