

Case Number:	CM15-0103634		
Date Assigned:	06/08/2015	Date of Injury:	07/18/2011
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 45 year old male patient who sustained an industrial injury on 07/18/2011. A primary treating office visit dated 05/07/2015 reported the patient with subjective complaint of having back pain. He states he has been wearing hand braces at time and it seems to be of help. He also states needing the following refilled medications: Norco, Valium, and OxyContin. The last Toradol injection was 05/01/2015. The patient seemed discouraged. His activity is severely limited by his pain. He is diagnosed with obesity, and cervical strain. The plan of care is continuing with recommendation for gastric bypass procedure. The patient has been off from work duty since 10/14/2011. Back on 12/10/2014 the subjective complaint noted unchanged. The treating diagnoses added lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric banding surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SAGES guidelines for laparoscopic and conventional surgical treatment of morbid obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UptoDate.com. Obesity in Adults: Overview of management.

Decision rationale: The MTUS is silent regarding bariatric surgery. According to Uptodate.com, for patients with BMI 40 kg/m² who have failed to lose weight with diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure. In this case the documentation doesn't support that the patient has failed a comprehensive plan for diet, exercise and drug therapy with a goal of weight loss. A referral for gastric banding surgery (bariatric surgery) is not medically necessary.

Diazepam (Valium) 5 mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case the continued use of valium is not medically indicated. The documentation suggests it has been prescribed for longer than the recommended amount of time and therefore the requested treatment is not medically necessary.

Oxycontin 60 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Oxycontin is a long-acting opioid used to stabilize medication levels and provide around-the-clock analgesia to patients with chronic pain. According to the MTUS the use of opioid pain medication appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16weeks), but also appears limited. For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review

and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case the documentation doesn't support that the patient has had meaningful increase in function while taking this medication and it is not medically necessary.

Hydrocodone/acetaminophen (Norco) 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case the documentation doesn't support that the patient has had meaningful increase in function while taking this medication and it is therefore medically unnecessary.