

Case Number:	CM15-0143779		
Date Assigned:	08/04/2015	Date of Injury:	10/15/2014
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 who sustained an industrial injury on 10-15-2014. Diagnoses include cervical, thoracic and lumbar spine myoligamentous sprain-strain; cervical disc protrusion, cervical spondylosis; Grade I spondylolisthesis, L5-S1; and lumbar radiculopathy. Treatment to date has included medications, physical therapy and epidural steroid injections. According to the progress notes dated 7-7-2015, the IW reported neck pain and severe, persistent low back pain with radicular pain to the lower extremities. He also reported more severe symptoms of reflux and GERD (gastroesophageal reflux disease). On examination, there was tenderness in the following areas: over the cervical spinous processes, in the cervical paravertebral muscles and in the upper trapezius. Neck range of motion was decreased and caused increased pain in the cervical paravertebral muscles. Thoracic flexion was 45 degrees and lateral flexion, left and right, was 10 degrees, without increased pain. Assessment of the shoulders and upper extremities was unremarkable. There was moderate tenderness in the lumbar paravertebral muscles, without spasms. All ranges of motion were reduced and increased the IW's pain. Supine straight leg raise was 50 degrees on the right and 35 degrees on the left, without pain in the lower back. Exam of the lower extremities was unremarkable except 4+ over 5 great toe extension and decreased sensation in the L5 dermatome on the left. Cervical spine MRI results dated 9-26-2014 showed mild anterior osteophytes at C2-3 and C3-4, mild disc space narrowing at C2-3, facet arthropathy throughout and multilevel neural foraminal stenosis. MRI of the lumbar spine on 1-10-2015 showed Grade I spondylolisthesis at L5-S1, bilateral L5 spondylolysis, moderate to severe bilateral subarticular recess and neural foraminal stenosis at

L5-S1 and mild disc bulge and central annular tear at L4-5. The IW's height and weight, according to the 6-1-2015 Agreed Medical Evaluation was 6'1" and 315 pounds. A request was made for medically supervised weight loss program and 30 Tramadol 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medically supervised weight loss program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, weight loss programs.

Decision rationale: The California MTUS, the ACOEM and the ODG do not specifically address the requested service. Per the NIH recommendations, weight loss should be considered to: 1. Lower blood pressure; 2. Lower elevated levels of total cholesterol, LDL and triglycerides; 3. Lower elevated levels of blood glucose levels; 4. Use BMI to estimate relative risk of disease; 5. Follow BMI during weight loss; 6. Measurement of waist circumference; 7. Initial goal should be to reduce body weight by 10%; 8. Weight loss should be 1-2 pounds per week for an initial period of 6 months; 9. Low calorie diet with reduction of fats is recommended; 10. An individual diet that is helped to create a deficit of 500-1000 kcal/day should be used; 11. Physical activity should be part of any weight loss program; 12. Behavioral therapy is a useful adjunct when incorporated into treatment. The provided medical records meet criteria for a weight loss program for this patient with documented obesity and therefore the request is medically necessary.

30 Tramadol 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be

considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to nonopioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)

The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.