

Case Number:	CM15-0165396		
Date Assigned:	09/02/2015	Date of Injury:	02/20/2015
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/24/2015

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: California, Indiana, New York
 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 27-year-old male, who sustained an industrial injury on February 20, 2015. He reported an injury to his low back. Treatment to date has included diagnostic imaging, Toradol injection, morphine injection, NSAIDS, physical therapy, and work restrictions. A doctor's first report of occupational illness or injury on March 4, 2015 revealed the injured worker's weight was 300 pounds. Currently, the injured worker complains of continued low back pain. On physical examination, the injured worker has muscle spasms of the low back and a negative straight leg raise. He has decreased range of motion of the lumbar spine. An MRI of the lumbar spine on March 17, 2015 revealed large disc protrusion of L5-S1 causing right neural foraminal and right lateral recess stenosis and mass effect on the exiting right L5 and central right S1 nerve roots; and revealed facet hypertrophic changes at L3-4, L4-5 and L5-S1. The diagnoses associated with the request is lumbar spine herniated nucleus pulposus, lumbar degenerative disc disease and lumbar disc herniation. The treatment plan includes internal medicine consultation, Percocet, ibuprofen, and work restrictions. A request was received for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/diet/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), weight loss program is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured worker's working diagnosis is lumbar spine HNP. Date of injury is February 20, 2015. Request for authorization is dated August 3, 2015. The most recent progress note dated June 16, 2015 by the treating orthopedic provider shows the injured worker is using Percocet 10/325 mg. There is no weight loss program recommended in the treatment plan. There is no height, weight or BMI documented in the medical record. The utilization review indicates the spine specialist did not recommend surgery after seeing the injured worker in consultation. The spine surgeon indicated it was a negative neurologic evaluation and the injured worker was nonsurgical. There was no discussion of weight loss. The utilization review also indicates there was a peer-to-peer conference with the physician assistant. The physician assistant indicated the injured worker is not obese. There was one weight in the medical record utilization review at 300 pounds. There are no other weights, heights or BMIs in the medical record. There is no documentation of attempted weight loss (outside of a formal weight loss program) documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating spine surgery was indicated with weight loss indicated, no documentation containing a formal request for a weight loss program and no progress note documentation containing height, weight or BMI and attempted weight loss in the office setting, weight loss program is not medically necessary.

Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve

pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is lumbar spine HNP. Date of injury is February 20, 2015. Request for authorization is dated August 3, 2015. The most recent progress note dated June 16, 2015 by the treating orthopedic provider shows the injured worker is using Percocet 10/325 mg. According to the June 16, 2015 progress note, subjectively the injured worker has low back pain with no particular symptoms or lower extremity pain. The injured worker received aquatic therapy with a home exercise program. Objectively, there was negative straight leg raising and positive illegible documentation. EMG/NCV was within normal limits. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. The documentation shows Percocet was first documented in the medical record on or about May 2015. There was no documentation of subsequent objective functional improvement to support ongoing Percocet 10/325mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt at weaning Percocet, Percocet 10/325mg is not medically necessary.