

Case Number:	CM15-0193709		
Date Assigned:	10/07/2015	Date of Injury:	02/17/2011
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 50 year old male sustained an industrial injury on 2-17-11. Documentation indicated that the injured worker was receiving treatment for lower back pain. Previous treatment included in a PR-2 dated 8-26-15, the injured worker complained of low back pain with radiation to bilateral lower extremity, associated with numbness and tingling, right knee pain associated with locking, giving way and difficulty standing and walking and right shoulder pain associated with weakness and difficulty with pushing, pulling and reaching. The injured worker reported that she had gained 50 pounds over the last 2 to 3 years due to instability secondary to her work injury. The injured worker needed to lose weight prior to undergoing lumbar spine surgery. Physical exam was remarkable for lumbar spine with tenderness to palpation at the paraspinal musculature and bilateral sciatic notches with "decreased" range of motion, positive bilateral straight leg raise and decreased sensation at bilateral L5-S1 distribution, right shoulder with tenderness to palpation, positive impingement and 4 out of 5 strength and right knee with tenderness to palpation at the joint lines with positive McMurray's test. The injured worker's height was 5'10" and weight was 275 pounds with body mass index of 39. The treatment plan included requesting authorization for 10 weeks of a weight loss program via [REDACTED], magnetic resonance imaging right shoulder and right knee to evaluation for internal derangement and considers invasive treatment and refilling Lidoderm patches. On 9-2-15, Utilization Review noncertified a request for Lidoderm 5% patch #30, weight loss program via [REDACTED], ten weeks and magnetic resonance imaging right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patch 5% #30 is determined to not be medically necessary.

Weight loss program via [REDACTED]; 10 weeks: 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 The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, NIH Publication No. 00-4084, October 2000.

Decision rationale: The MTUS Guidelines does not address weight loss programs as medically necessary treatment. The cited guidelines do not address any specific weight loss program such as [REDACTED]. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that any consumer based weight loss program would be more beneficial than a program designed by the treating physician, or by a primary care provider. The cited guidelines provide the essential elements for primary care providers to direct patients to healthy weight loss. The request for weight loss program via [REDACTED]; 10 weeks is determined to not be medically necessary.

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the available documentation does not reveal a concern for rotator cuff tear or other red flag conditions and there are no plain film radiographs available for review. The request for MRI of the right shoulder is determined to not be medically necessary.