

<b>Case Number:</b>	CM15-0195463		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 61-year-old male, who sustained an industrial injury on 12-01-2008. A review of the medical records indicates that the worker is undergoing treatment for status post lumbar spine surgical intervention times ten with failed back surgical syndrome, thoracolumbar strain and T12 compression fracture. Treatment has included pain medication, multiple lumbar surgeries, anti-depressant medication and physical therapy. In a progress note dated 06-08-2015, the worker presented with constant severe incapacitating low back pain radiating to the legs with development of urinary retention the prior few months and goes approximately 3 days before urinating and indicated that he could no longer tolerate symptoms, had become increasingly depressed and wanted to end it all. Objective findings revealed an uncomfortable, tearful and depressed appearance, negligible range of motion of the lumbar spine and tenderness to palpation over the lumbosacral midline. A stat psychiatric consult was requested. In a 06-30-2015 pain medicine note, the physician noted that placement of an intrathecal pump was recommended considering the significant regimen, pain and loss of tolerance for much activity and that a request for psychological clearance was being made. In a psychiatric consultation note dated 07- 21-2015 a mental status examination revealed no abnormal findings although the worker did admit to anxiety, depression poor concentration, insomnia, forgetfulness, confusion, impatience and irritability. The diagnosis listed was adjustment disorder with anxiety and depressed mood and the physician noted that there was no psychological reason to post postpone or avoid placement of a morphine pump with the provision that it would be much better if he was in psychotherapy and continuing present psychiatric medications. Subjective complaints (08-31-

2015) included low back pain rated as 10 out of 10 and weight gain. Objective findings (08-31-2015) included tenderness to palpation over the posterior bilateral paraspinal musculature, radicular pain down both legs with straight leg raising test and flexion of 24 degrees with seated range of motion of the lumbar spine. The physician noted that a request for intrathecal Morphine pump on a trial basis as being made and was cleared psychologically with a psychiatrist and that a request for weight loss program with [REDACTED] was being made as the worker had gained 35 pounds secondary to inactivity since the surgery with current weight documented as 235 pounds, height of 5 feet and 11 inches and body mass index of 33. A utilization review dated 09-16-2015 non-certified requests for intrathecal Morphine pain pump and weight loss program with [REDACTED].

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Intrathecal Morphine pain pump: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

**Decision rationale:** The California MTUS section on implantable drug delivery systems states that they are indicated: Indications for Implantable drug-delivery systems: Implantable infusion pumps are considered medically necessary when used to deliver drugs for the treatment of: o Primary liver cancer (intrahepatic artery injection of chemotherapeutic agents); o Metastatic colorectal cancer where metastases are limited to the liver (intrahepaticartery injection of chemotherapeutic agents); o Head/neck cancers (intra-arterial injection of chemotherapeutic agents); o Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral baclofen (Lioresal) therapy (intrathecal injection of baclofen. The patient has failed back pain but no documented malignant cause of pain or severe refractory spasticity. Therefore, the request is not medically necessary.

#### **Weight loss program with [REDACTED] 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 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 six 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. While weight loss is indicated in the treatment of both obesity and chronic pain exacerbated by obesity, there are no details given about the neither recommended program nor documentation of previous weight loss attempts/activities. Therefore, there is no way to see if the requested program meets NIH standards. Therefore, the request is not medically necessary.