

Case Number:	CM15-0196652		
Date Assigned:	10/12/2015	Date of Injury:	01/15/2013
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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:

This 41 year old male sustained an industrial injury on 1-15-13. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis with disc protrusion and radiculopathy, thoracic spine sprain and strain with disc protrusion and right knee patellofemoral syndrome with internal derangement. In a PR-2 dated 4-21-15, the injured worker complained of ongoing severe low back pain with radiation to the lower extremities and right knee pain. Physical exam was remarkable for increased pain on flexion of the thoracic spine to 50 degrees and bilateral lateral flexion to 15 degrees with increased pain, lumbar spine with slight tenderness to palpation in the paraspinal musculature, range of motion: flexion 40 degrees and extension 5 degrees with pain, positive bilateral straight leg raise and decreased sensation in the right L5 distribution and bilateral knees with normal range of motion, right knee with tenderness to palpation to the medial joint line and positive McMurray's, Slocum's and Valgus laxity tests. The injured worker stood with normal lumbar lordosis and walked with a normal gait without a limp. The injured worker was 6 feet tall and weighed 363 pounds with body mass index 49.2. The treatment plan included continuing to request two lumbar epidural steroid injections at L3-4 and L4-5 and medications (Tramadol and Relafen). On 7-20-15, the injured worker underwent lumbar epidural steroid injections at L4-5 and L3-4. In a PR-2 dated 8-25-15, the injured worker complained of ongoing low back pain that was "occasionally severe". The injured worker reported "some benefit" from recent lumbar epidural steroid injections. Physical exam was unchanged. The injured worker was permanent and stationary. The treatment plan included continuing Tramadol to take as needed for severe pain and a medically supervised weight loss program () per the Agreed Medial Evaluator's recommendation. On

10-1-15, Utilization Review noncertified a request for medically supervised weight loss program, [REDACTED] and modified a request for Tramadol XR 150mg #30 to Tramadol XR 150mg #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medically supervised weight loss program [REDACTED] QTY 1.00: Overturned

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 Official Disability Guidelines (ODG) Low Back Chapter/Causation.

Decision rationale: The medical records note that the injured worker is morbidly obese. The injured worker is followed for back pain with radiculopathy and per different providers, pain may be improved with weight loss, or surgical evaluation may be considered. The medical records note that the injured worker has been recommended to follow a low fat, low calorie diet. However, weight loss has not been achieved. Per ODG, MRI data show that obesity is associated with increased lumbar disc degeneration. In a multivariate logistic regression analysis, adjusted for age, workload, Schmorl's nodes, previous lumbar injury, and vertebral marrow changes, the researchers found a positive linear trend between BMI categories and disc degeneration. Given that the injured worker is morbidly obese and failed self directed weight loss, the request for medically supervised weight loss program [REDACTED] QTY 1.00 is medically necessary and appropriate.

Tramadol XR 150 mg QTY 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. In this case, the injured worker is followed for chronic low back pain with radiculopathy. The medical records do not indicate evidence of abuse or diversion. Efficacy is noted with the utilization of Tramadol and the request for Tramadol is supported. The request for Tramadol XR 150 mg QTY 30.00 is medically necessary and appropriate.

