

Case Number:	CM15-0205441		
Date Assigned:	10/22/2015	Date of Injury:	01/15/1998
Decision Date:	12/29/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, Michigan

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:

The injured worker is a 66 -year-old female who sustained an industrial injury on 1-15-1998 and has been treated for right knee and low back pain. Diagnoses include right knee contracture, morbid obesity and low back pain. Diagnostic x-ray of the right knee was stated to have shown "no obvious loosening," and the lumbar spine revealed disc space narrowing at L1-2 with osteophytes and sclerosis of the endplates. On 9-3-2015 the injured worker presented with continuous pain in her low back, radiating to the tailbone with occasional tingling. Pain was reported to interfere with sleep. The right knee also continued to cause pain, and was swelling, popping, buckling, and giving away. She reported that activity and prolonged positioning made both symptoms worse and had been interfering with her ability to bathe, sit, stand, and walk. Objective findings included diffuse lumbar tenderness, absent reflexes, and her straight leg raise was negative at 90 degrees for radicular pain. The right knee showed no swelling, effusion, or instability with negative drawer sign. The injured worker was noted as being obese. Documented treatment includes chiropractic treatments, total right knee replacement with revision, knee injections, physical therapy, water therapy, and the progress note of 4-24-2015 stated she was taking hydrocodone-acetaminophen, acetaminophen with codeine, omeprazole, Norco, and using topical creams. Response to each medication or length of time on these medications is not provided in the medical records. The physician states that the injured worker will not see "any significant improvement in her overall condition without very substantial weight loss." At this visit, the treating physician had the injured worker review and sign a pain contract and she was started on Ultram 50 mg every 6 hours, and Lidoderm patches. The physician ordered a urine

drug analysis and stated one would be repeated every three months. The last urine drug screen in the medical record is dated 6-19-2015. There is no documentation of aberrant drug seeking behavior. The treating physician's plan of care includes Ultram 50 mg #90 with 1 refill; Lidoderm patches #60 with 1 refill, a weight loss consultation, and urine drug screening. All were denied on 10-5-2015. The injured worker has not worked since her injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Overweight and Obesity Working Group. VA/DoD clinical practice guideline for screening and management of overweight and obesity. Washington (DC): Department of Veterans Affairs, Department of Defense; 2014 178p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) / Obesity.

Decision rationale: The MTUS / ACOEM did not specifically address the issue of obesity in the injured worker and therefore other guidelines were consulted. Per the ODG, screening and treatment of obesity is recommended with lifestyle modifications (diet and exercise). [REDACTED] is a medically supervised weight loss program. A review of the injured workers medical records reveal a weight of 250 lbs height of 5 "1" and a BMI calculation of 47, it is noted that she needs to lose 40-50 lbs to be able to have her total knee replacement revised. A weight loss program appears appropriate for this injured worker who is morbidly obese with chronic knee and back problems. Therefore, the request for weight loss consult is medically necessary.

Lidoderm patches #60 with 1 refill: Overturned

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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. A review of the injured workers medical records reveal documentation of improvement in

symptoms with her current medication regimen which includes Lidoderm, continued use is appropriate, therefore the request for Lidoderm patches #60 with 1 refill is medically necessary.

Ultram 50mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of tramadol, continued use is appropriate, therefore the request for Ultram 50mg #90 with 1 refill is medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary Online Version last updated 09/08/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction, A review of the injured workers medical records reveal that the injured worker is on chronic opioids, the use of a urine drug screen is appropriate, therefore the request for Urine drug screen is medically necessary.