

<b>Case Number:</b>	CM15-0206464		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on 05-04-2001. The injured worker is currently permanent and stationary and temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical spine injury, right shoulder impingement status post surgery, lumbar spine sciatica and sprain-strain, and vascular disease. Treatment and diagnostics to date has included use of medications and urine drug screens dated 02-17-2015 and 07-15-2015 (positive for Tramadol) and 09-15-2015 (negative for all medications tested). Recent medications have included Ranitidine, Naproxen, Gabapentin, Tramadol, and Ambien. Subjective data (08-12-2015 and 09-15-2015), included neck, mid-back, and low back pain. Objective findings (09-15-2015) included tenderness to palpation to lumbar spine and decreased range of motion to right shoulder. The Utilization Review with a decision date of 09-28-2015 non-certified the request for urinalysis and weight loss program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring.

**Decision rationale:** The claimant has a remote history of a work injury in May 2001 and is being treated for neck, back, left ankle, and right shoulder pain. When seen, his neck pain was doing fairly well. Medications, including Tramadol, were helping. Urine drug screening in July 2015 had been appropriate. He was having worse low back pain and radiating symptoms to the shoulder. Physical examination findings included a height of 6 feet, 2 inches and weight of 320 pounds, which corresponds to a BMI of 41.1 and a diagnosis of morbid obesity. There was decreased cervical, lumbar, and shoulder range of motion. There was tenderness with paraspinal muscle and upper trapezius muscle spasms. Urine drug screening and a weight loss program were requested. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, there is no evidence of symptom magnification or hyperalgesia. There is no evidence of poorly controlled depression or history of alcohol or drug abuse. The claimant's prior urine drug screening less than one year ago was consistent with the medication prescribed. In this case, the claimant would be considered at low risk for medication misuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. This request for urine drug screening less than one year after the previous testing is not medically necessary.

**Weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005; 142 (2) Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005; 353 (20): 2111-2120.

**Decision rationale:** The claimant has a remote history of a work injury in May 2001 and is being treated for neck, back, left ankle, and right shoulder pain. When seen, his neck pain was doing fairly well. Medications including tramadol were helping. Urine drug screening in July 2015 had been appropriate. He was having worse low back pain and radiating symptoms to the shoulder. Physical examination findings included a height of 6 feet, 2 inches and weight of 320 pounds, which corresponds to a BMI of 41.1 and a diagnosis of morbid obesity. There was decreased cervical, lumbar, and shoulder range of motion. There was tenderness with paraspinal muscle and upper trapezius muscle spasms. Urine drug screening and a weight loss program were requested. Controlled trials are needed to determine the amount of weight lost and health benefit associated with weight loss programs. In this case, there is no evidence that the claimant has failed a non supervised weight loss program including a low calorie diet and increased physical activity, which might include a trial of pool therapy. The requested weight loss program is not medically necessary.