

<b>Case Number:</b>	CM15-0208843		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/07/1998
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Texas, New York, 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:

The applicant is a represented [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 7, 1998. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for Lidoderm patches and a 10-week [REDACTED] program. The claims administrator referenced an October 6, 2015 RFA form and an associated October 6, 2015 Doctor's First Report (DFR) in its determination. The applicant's attorney subsequently appealed. On a handwritten Doctor's First Report (DFR) of October 6, 2015, the applicant reported ongoing issues of chronic low back pain. The applicant stood 62 inches tall and weighed 261 pounds, the treating provider reported. The applicant reportedly gained 100 pounds, it was stated. Lidoderm patches, omeprazole, and a 10-week [REDACTED] program were endorsed. Little to no seeming discussion of medication selection or medication efficacy transpired. Overall commentary was sparse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] x 10 weeks: Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment> Obesity Treatment & Management Author: Osama Hamdy, MD, PhD; Chief Editor: Romesh Khardori, MD, PhD, FACP Scientific evidence indicates that multidisciplinary programs reliably produce and sustain modest weight loss between 5% and 10% for the long-term.

**Decision rationale:** Yes, the request for a [REDACTED] weight-loss program x 10 weeks was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 1, page 11 notes that a strategy based on modification of applicant-specific risk factors such as the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective," here, however, the MTUS position is contravened by a more updated Medical Treatment Guideline (MTG) in the form of Medscape's Obesity Treatment and Management article, which notes that scientific evidence indicates a multidisciplinary weight-loss program should reliably produce and sustain modest weight-loss between 5% and 10% for the long term. Here, the applicant was described as having gained 100 pounds since the date of injury as of the date of the request, October 6, 2015. The applicant was apparently severely obese, standing 62 inches tall and weighing 261 pounds, the treating provider reported on the October 6, 2015 DFR at issue. Providing the applicant with a weight-loss program was, thus, indicated to try to arrest the applicant's weight gain and potentially generate some weight loss here. Therefore, the request was medically necessary.

**Lidoderm patch 5% dosage/frequency, quantity/number of refills not specified:** Upheld

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

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

**Decision rationale:** Conversely, the topical Lidoderm patches were not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the handwritten October 6, 2015 DFR made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.