

Case Number:	CM15-0024541		
Date Assigned:	03/18/2015	Date of Injury:	02/14/2005
Decision Date:	04/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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:

The injured worker is a 48-year-old male who sustained an industrial injury on 2/14/05 when he lifted a heavy pipe above his head and shoulder and felt right shoulder and back pain. The injured worker could not recall his initial treatment. In May of 2005, he received pain medications and radiographs and MRI of his right shoulder. He currently complains of increasing right shoulder pain (5/10); right elbow pain (3/10); right hand, wrist pain (6/10) with numbness and tingling; low back pain (5/10) that radiates to the lower extremities with numbness. Medications include Anaprox, Prilosec and hydrocodone. Diagnoses include history of continuous trauma injury from 2000 to 2006 involving the lumbar spine and right shoulder; status post right shoulder arthroscopy, 2012; rule out internal derangement right wrist with possible triangular fibrocartilage tear; bilateral lower extremity peripheral polyneuropathy; right carpal tunnel syndrome. Treatments to date include medications. Diagnostics include electromyography/ nerve conduction study of the lower extremities on 5/28/14 which revealed possible early, mild peripheral polyneuropathy. On 6/5/14 the electromyography/ nerve conduction study of upper extremities was normal; MRI of the right hand from 8/16/14 was normal; MRI of the right shoulder 8/23/14 revealed focal moderately severe supraspinatus recurrent or residual tendinosis, shoulder capsulitis; MRI of the lumbar spine 8/23/14 revealed minimal discogenic changes at L5-S1 without compromise of the neural elements. In the progress note dated 12/8/14 the treatment plan included request for weight loss program and nutritionist and to continue with Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) weight loss program and nutritionist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians; Snow V, Barry P, Fitterman N, Qaseem A, Weiss K, Pharmacologic and surgical management of obesity in primary care; a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 April 5; 142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96.

Decision rationale: Obesity National Guidelines According to the guidelines, the initial goal of weight loss therapy is to reduce body weight by approximately 10 percent from baseline. Weight loss at the rate of 1 to 2 lb/week (calorie deficit of 500 to 1,000 kcal/day) commonly occurs for up to 6 months. After 6 months, the rate of weight loss usually declines and weight plateaus because of a lesser energy expenditure at the lower weight. After 6 months of weight loss treatment, efforts to maintain weight loss should be put in place. If more weight loss is needed, another attempt at weight reduction can be made. This will require further adjustment of the diet and physical activity prescriptions. For patients unable to achieve significant weight reduction, prevention of further weight gain is an important goal; such patients may also need to participate in a weight management program. In this case, there is no indication of calorie reduction, exercise or other behavioral interventions. There is no indication of failure or regaining of weight after prior attempts to lose weight. Therefore the request for a weight management program is not medically necessary

One (1) prescription of Anaprox 550mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure and pain scores were not noted to determine continued effectiveness. The claimant required a PPI while on the NSAID for gastric protection. Long-term NSAID use has renal and GI risks In addition, it was recently added with an opioid. Continued use of Naproxen is not medically necessary.