

<b>Case Number:</b>	CM15-0028587		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on October 27, 2010. The diagnoses have included right knee arthritis, right knee arthroscopy meniscectomy and chondroplasty, left knee arthritis and morbid obesity. A progress note dated January 14, 2015 provided the injured worker complains of knee pain worse in cold weather and weight bearing. Physical exam notes joint tenderness and crepitus. She ambulates with use of a cane. On February 10, 2015 utilization review non-certified a request for referral to [REDACTED] for surgical weight loss evaluation and treatment and Norco 5/325mg #60. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 13, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to [REDACTED] for Surgical Weight loss Evaluation and Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition

(2004), ACOEM practice guidelines, 2nd edition, Chapter 7- Independent medical Examinations and Consultations page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Obesity, page 320

**Decision rationale:** Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for Weight Loss Program produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this chronic injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. There is no specific BMI or weight gain documented in comparison to initial weight at date of injury. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained functionally unchanged for this chronic injury. The Referral to [REDACTED] for Surgical Weight loss Evaluation and Treatment is not medically necessary and appropriate.

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely

monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325mg #60 is not medically necessary and appropriate.