

Case Number:	CM15-0216435		
Date Assigned:	11/06/2015	Date of Injury:	04/14/2014
Decision Date:	12/29/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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 27-year-old who has filed a claim for chronic neck and low back reportedly associated with an industrial injury of April 14, 2014. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for a medically-supervised weight loss program and eszopiclone (Lunesta). The claims administrator referenced a September 18, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On an office visit dated September 18, 2015, the applicant reported ongoing issues with chronic low back pain, 8/10. The treating provider contended that the applicant's pain had "crippled" him. The applicant was reportedly tearful secondary to his pain complaints. The applicant had not worked since October 2014, the treating provider acknowledged. The treating provider stated in one section that the applicant had lost 12 pounds. In another section, the treating provider stated that the applicant lost 20 pounds. The applicant's medications apparently included Lunesta, the treating provider reported. The applicant was asked to pursue a medically-supervised weight loss program of unspecified duration while Lunesta was renewed. The attending provider suggested that he was intent on having the applicant try and lose 50-60 pounds through the weight loss program before pursuing spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weight loss program, medically supervised: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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: No, the request for a medically supervised weight loss program was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as smoking cessation and the weight loss program at issue may be "less certain, more difficult, and possibly less cost effective." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of this program in the face of the tepid-to-unfavorable ACOEM position on the same. Portions of the attending provider's September 18, 2015 office visit stated that the applicant had already lost anywhere from 12-20 pounds. The applicant's height, weight, and BMI were not, it is incidentally noted, reported on the September 18, 2015 office visit at issue. While a more updated Medical Treatment Guideline (MTG) in the form of the Medscape's Obesity Treatment Management article notes that multidisciplinary programs can reliably produce and sustain modest weight loss between 5% and 10% for the long-term, here, however, the attending provider stated on September 18, 2015 that he was intent on having the applicant lose somewhere from 50-60 pounds. It did not appear that this was either a realistic or achievable goal, per Medscape. Therefore, the request is not medically necessary.

Eszopiclone 2 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: Similarly, the request for eszopiclone (Lunesta) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for chronic or long-term use purposes but, rather, should be used for short-term use purposes. Here, thus, the renewal request for eszopiclone (Lunesta) was at odds with the ODG position on the same. Therefore, the request is not medically necessary.