

Case Number:	CM15-0226216		
Date Assigned:	11/24/2015	Date of Injury:	05/24/1999
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 60 year old male, who sustained an industrial injury on 5-24-1999. According to physician documentation, the injured worker was diagnosed with (lumbar) L4-L5 and L5-S1(sacral) disc degeneration and facet arthropathy, L5-S1 spondylolisthesis, left leg lumbar radiculopathy, 1cm rotator cuff tear of the right shoulder with acromioclavicular joint arthritis and status post right shoulder surgery. Subjective findings dated 6-10-2015 and 8-18-2015 were notable for numbness on the bottom of both feet, neck pain, rating 0-10 with medication, 7- 8 out of 10 without medication, right shoulder pain 1-2 out of 10 with medication, 9-10 out of 10 without, lower back pain 1-3 out of 10 with medication and 10 out of 10 without medication and right shin pain 0 out of 10 with medication and 7-8 out 10 without medication. On 9-22-2015, the injured worker continued to report neck, right shoulder, low back and right leg numbness rated as 8 out of 10 with medication and 10 out of 10 without medication. Objective findings dated 6-10-2015 were notable for a normal physical examination of the shoulders with 180 degrees left flexion, 118 degrees right flexion, 50 degrees left extension, 20 degrees right extension, 180 degrees left abduction, 120 degrees right abduction, 50 degrees left adduction, 30 degrees right adduction, 90 degrees right and left internal rotation, 90 degrees left external rotation and 65 degrees right external rotation. On 8-18-2015, findings were notable for shoulders revealing a normal contour with no evidence of appreciable swelling over the bilateral shoulders and no gross atrophy of the shoulder musculature. There is palpable tenderness over the anterior lateral aspect of the right shoulder. On 9-22-2015 range of motion was noted as 180 degrees left flexion, 160 degrees right flexion, 50 degrees left extension, 25

degrees right extension, 180 degrees left abduction, 118 degrees right abduction, 50 degrees left adduction, 40 degrees right adduction, 90 degrees left and right internal rotation and 90 degrees left external rotation and 80 degrees right external rotation. On 10-22-2015, objective findings were notable for lumbar spine and lower extremities range of motion being 5 out of 5. According to documentation, the injured worker has attended the Lindora. On 8-20-2012, an MRI of the lumbar spine was performed revealing multiple lumbar spondylosis involving L2-L3 through L5-S1, a 2.5 mm posterior osteophyte disc complex and moderate facet hypertrophy, and a 3mm central and left paracentral disc protrusion at L3-L4. On 6-18-2013, an MRI of the right shoulder was performed revealing a 1cm tear in rotator interval and degenerative arthritis of the right AC joint with mild narrowing of the subacromial space. Treatments to date have included Motrin 800mg, Prilosec 20mg, Norco 10-325mg (at least since 10-15-2014), and Percocet 10-325mg, NSAID's, right shoulder surgery, physical therapy, lifestyle modifications and Lindora weight management program (since at least 9-21-2015) where he has lost 9.4 pounds within the first 2 weeks. The Utilization Review determination dated 11-6-2015 did not certify treatment/service requested for Lindora weight loss program (additional weeks) and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindora Weight Loss Program QTY weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/123702-treatment>.

Decision rationale: Pursuant to Medline plus (see attached link), Lindora weight loss program; (additional weeks) is not medically necessary. Treatment of obesity starts with comprehensive lifestyle management (i.e. diet, physical activity, behavioral modification) which should include the following: self-monitoring of caloric intake and physical activity; goal setting; stimulus control; nonfood rewards; and relapse prevention. See attached link for details. In this case, the injured workers working diagnoses are L4 - L5 and L5 - S1 disc degeneration and facet arthropathy; L5 - S1 spondylolisthesis; left leg lumbar radiculopathy; L4 - L5 and L5 - S1 facet arthropathy; chronic intractable pain; 1 cm rotator cuff tear right shoulder; and status post right shoulder surgery. Date of injury is May 24, 1999. Request for authorization is October 20, 2015. According to April 15, 2015 progress note; the initial request for a weight loss program was documented. There was no height or weight in the medical record. According to an August 15, 2015 progress note, the treating provider prescribed Norco 10/325 mg. This is a progress note and not necessarily the start date. According to an October 20, 2015 progress note, subjective complaints are neck pain, right shoulder, low back pain and right leg pain. Objectively, there is no tenderness to palpation, no paraspinal muscle tenderness. The physical examination was otherwise unremarkable. There is no height and weight documented in the medical record. The documentation in the subjective section indicates the injured worker lost 30 pounds. There are no objective weights in the record to support weight loss. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and no documentation with height, weights or BMIs to demonstrate objective improvement with weight loss, Lindora weight loss program; (additional weeks) is not medically necessary.

Norco 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 270 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are L4 - L5 and L5 - S1 disc degeneration and facet arthropathy; L5 - S1 spondylolisthesis; left leg lumbar radiculopathy; L4 - L5 and L5 - S1 facet arthropathy; chronic intractable pain; 1 cm rotator cuff tear right shoulder; and status post right shoulder surgery. Date of injury is May 24, 1999. Request for authorization is October 20, 2015. According to April 15, 2015 progress note; the initial request for a weight loss program was documented. There was no height or weight in the medical record. According to an August 15, 2015 progress note, the treating provider prescribed Norco 10/325mg. This is a progress note and not necessarily the start date. According to an October 20, 2015 progress note, subjective complaints are neck pain, right shoulder, low back pain and right leg pain. Objectively, there is no tenderness to palpation, no paraspinal muscle tenderness. The physical examination was otherwise unremarkable. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation showing an attempt at Norco weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted weaning, Norco 10/325mg # 270 is not medically necessary.