

Case Number:	CM15-0030475		
Date Assigned:	02/24/2015	Date of Injury:	04/04/2008
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/18/2015

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: Georgia, California, Texas

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 injured worker is a 45 year old female, who sustained an industrial injury on 04/04/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post anterior cervical disc fusion at cervical five to seven, lumbar strain/sprain with right lower extremity radiculopathy, annular tear at lumbar five to sacral one, and status post right ulnar transposition. Treatment to date has included medication regimen, above listed surgery, and behavioral pain medicine treatments. In a progress note dated 01/21/2015 the treating provider reports that the injured worker's pain has worsened. The treating physician requested a weight loss program of [REDACTED] noting that the injured worker does not feel that she can meet the walking expectations, medications of Ultram for chronic pain syndrome and Lyrica for neuropathic pain due to nerve damage, and pain management consultation for positive right lower extremity radiculopathy for lumbar epidural steroid injection and possible facet block and rhizotomy. On 02/06/2015 Utilization Review modified the requested treatment of 120 Ultram at 50mg to 60 Ultram at 50mg and non-certified the requested treatments of 60 Lyrica at 75mg, pain management consultation, and additional weight loss program with [REDACTED] with all services between the dates of 01/21/2015 and 03/20/2015, noting the California Chronic Pain Medical Treatment Guidelines, (May 2009), and Official Disability Guidelines, Pain (Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per 12/18/14 office note, injured worker (IW) reported that medications increased her tolerance for exercise and work activities. She continued to work full time as a controller. Her pain level was 4/10 with medications and 8/10 without medications. Based upon documented symptomatic and functional response to tramadol, continuation of this medication is reasonable and medically necessary, consistent with MTUS recommendations.

Lyrica 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20 of 127.

Decision rationale: MTUS recommends antiepilepsy drugs for treatment of neuropathic pain. MTUS notes FDA indications of Lyrica for diabetic neuropathy, postherpetic neuralgia, generalized anxiety disorder, and social anxiety disorder. Since date of publication of MTUS, FDA indications for fibromyalgia and neuropathic pain associated with spinal cord injury have also been added. Lyrica is commonly used off-label for treatment of other types of neuropathic pain. Based upon documented symptomatic and functional response to the current medications regimen, continued use of Lyrica is reasonable and medically necessary.

Weight loss program with [REDACTED]: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) VA/DoD Clinical Practice Guideline for Screening and

Management of Overweight and Obesity²) Kreider RB, et al. A structured diet and exercise program promotes favorable changes in weight loss, body composition, and weight maintenance. J Am Diet Assoc. 2011 Jun; 111(6):828-43. 2) Tsai AG, Wadden TA. Systematic review: an evaluation of major commercial weight loss programs in the United States. Ann Intern Med. 2005 Jan 4;142(1):56-66.

Decision rationale: Per 11/14/14 office note, IW had gained approximately 40 pounds as a result of the industrial injury, which contributed to her lumbar problem. 12/18/14 office note documented height of 5'3" and current BMI of 31. Weight loss target was 50-55 pounds (BMI of 23-24). She completed 8 documented weeks of a [REDACTED] weight loss program, with limited success (4.4 pound weight loss as of week 8). She reported on 01/14/15 that the [REDACTED] program did not meet her needs. VA/DOD guidelines state: "All overweight and obese patients identified as needing weight loss should be enrolled in a program to improve their diet, exercise and related behaviors to promote weight loss." Kreider, et al, noted effectiveness of self-directed exercise programs and meal replacement diet programs. Tsai noted: "A number of diet and exercise programs purport to help promote and maintain weight loss. However, few studies have compared the efficacy of different methods." On comparison of multiple studies, the authors found [REDACTED] to be the only program with evidence of sustained significant weight loss at 2 years. IW's BMI is in the obese range and her documented low back condition may benefit from weight loss. She showed partial initial response to a structured weight loss program but reported that the [REDACTED] program did not meet her needs. [REDACTED] has been shown to be associated with weight loss and maintenance of weight over the long term, and is a cost-effective option compared to other weight loss programs. A trial of [REDACTED] is reasonable and medically necessary.