

Case Number:	CM15-0035811		
Date Assigned:	03/04/2015	Date of Injury:	08/30/2010
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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 female who sustained an industrial injury on 08/30/2011. On progress note dated 01/12/2015 the injured worker has reported lower back pain with numbness and tingling. The diagnoses have included lumbar spine radiculitis and gastritis. Treatment to date has included medication. On examination, she was noted to have been grossly obese and was noted to have limited range of motion of lumbar spine. On 01/27/2015 Utilization Review, non-certified Norco 10/325mg #120, bariatric surgery consultation and purchase of custom LSO brace. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain and shooting pain down bilateral legs with numbness/tingling. The treater has asked for NORCO 10/325MG #120 on 1/12/15. Patient's diagnosis per Request for Authorization Form dated 1/20/15 includes L/S radiculitis, and gastritis. Patient medications currently include Norco, Naproxen, Protonix. Per treater report dated 1/20/15 the patient is to remain off-work until permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently using Norco but review of reports dated 3/11/13 to 1/12/15 do not mention Norco. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Finally, MTUS does not support more than 60mg/day for Hydrocodone per page 90. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Bariatric surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Diabetes, Bariatric Surgery.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain and shooting pain down bilateral legs with numbness/tingling. The treater has asked for BARIATRIC SURGERY CONSULTATION on 1/12/15. The patient's diagnosis per Request for Authorization Form dated 1/20/15 is lumbar radiculitis, gastritis, and weight gain. The patient is "grossly obese" per 1/20/15 physical examination notes. The 6/23/14 report states the patient has "difficulty rising from seated position." The 6/13/13 report states the patient weighs 326 pounds. Per treater report dated 1/20/15 the patient is to remain off work until permanent and stationary. Regarding gastric bypass surgery, ODG Diabetes section recommends it as a weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. ODG further states: "Bariatric surgery can significantly improve glycaemic control in severely obese patients with Type 2 diabetes. It is an effective, safe and cost-effective therapy for obese Type 2 diabetes. Surgery can be considered an appropriate treatment for people with Type 2 diabetes and obesity not achieving recommended treatment targets with medical therapies, especially in the presence of other major co-morbidities." In this case, the patient does not present with significant comorbidities besides severe obesity, and there

is no documentation that the patient has attempted a weight loss program or has failed a change in diet/exercise. ODG guidelines support this surgery for type II DM obesity and there is no documentation that this patient has DM. The request IS NOT medically necessary.

Purchase of custom LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute and Chronic) Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

Decision rationale: Based on the 1/12/15 progress report provided by the treating physician, this patient presents with low back pain and shooting pain down bilateral legs with numbness/tingling. The treater has asked for purchase of custom LSO brace on 1/12/15 as "patient requires a custom LSO brace." The patient's diagnosis per Request for Authorization Form dated 1/20/15 is lumbar radiculitis. The patient has not had any lumbar spine surgeries per review of reports from 3/11/13 to 1/12/15. The 2/28/14 report gives a diagnosis: R/O lumbar spine disc injury. The patient recently went to the emergency room on 10/17/13 but the reason was not stated in 12/19/13 report. The patient is using a cane to ambulate per 4/11/13 report. The patient has not had prior use of a lumbar brace of any kind per review of reports dated 3/11/13 to 1/12/15. Per treater report dated 1/20/15 the patient is to remain off-work until permanent and stationary. Regarding lumbar supports: ODG guidelines do not recommend for prevention but allow as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Additionally, ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The treater does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The request IS NOT medically necessary.