

Case Number:	CM15-0049271		
Date Assigned:	03/23/2015	Date of Injury:	02/28/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 34-year-old female, with a reported date of injury of 02/28/2014. The diagnoses include lumbar herniated nucleus pulposus, lumbosacral strain/sprain, and lumbar stenosis, and left lower extremity radiculopathy. Treatments to date have included an MRI of the lumbar spine, trigger point injection about the left lumbar paraspinal muscles, and oral medications. The medical report dated 01/23/2015 indicates that the injured worker had recently seen a bariatric surgeon, who recommended bariatric surgery prior to undergoing the spinal surgery. She has been experiencing an increased amount of pain in her low back, with radiation to her left leg. The objective findings included tenderness to palpation and spasm about the left side of the lumbar paraspinal muscles, limited active voluntary range of motion of the thoracolumbar spine, positive bilateral straight leg raise test, trace weakness of the ankle dorsiflexors, and intact sensation to light touch. The treating physician requested gastric bypass, Voltaren, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastric bypass: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bariatric Surgery.

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

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs. The request is for GASTRIC BYPASS. Patient's diagnosis per Request for Authorization form dated 01/15/15 includes displacement of lumbar intervertebral disc. Physical examination to the lumbar spine on 01/15/15 revealed tenderness to palpation and decreased range of motion, especially on extension 5-10 degrees. Positive straight leg raise bilaterally at 50 degrees. Trace ankle dorsiflexion weakness, and diminished and symmetrical reflexes. MRI of the lumbar spine on 05/15/14 revealed "chronic disc herniation at L3-4 L4-5 and L5-S1. Rather prominent central posterior herniations at L3-4 and L4-5 associated with thecal compression and spinal stenosis." Treatments to date have included physical therapy, aquatic therapy, an MRI of the lumbar spine, trigger point injection about the left lumbar paraspinal muscles, back brace and oral medications. Treater states "appropriate medications to maintain her condition until her next follow-up." Patient's medications have included Naproxen, Voltaren and Norco. The patient is temporarily totally disabled, per treater report dated 01/15/15. MTUS and ACOEM are silent regarding Gastric Bypass surgery. ODG-TWC, Diabetes Chapter under Bariatric Surgery states: "Recommend gastric bypass, not gastric banding, weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. Recently, bariatric surgery has emerged as an effective treatment option for obese individuals, especially in those with diabetes. (Pappachan, 2011) Criteria for Bariatric surgery: (1) Gastric bypass procedure recommended for diabetes, not gastric banding procedure. (2) Type 2 diabetes diagnosis. (3) BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes. (4) Not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration, documented in the medical record, including: (a) Medications. See Recommended medication step therapy for diabetes type-2 glycemic control. (b) Diet and exercise: Physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification), OR: Consultation with a dietician or nutritionist and reduced-calorie diet program supervised by dietician or nutritionist, plus an exercise regimen supervised by exercise therapist or other qualified professional. (c) For patients with a history of severe psychiatric disturbance (schizophrenia, borderline personality disorder, suicidal ideation, severe depression), a pre-operative psychological evaluation and clearance is necessary to ensure ability to comply with pre-and postoperative requirements. (Note: The presence of depression due to obesity is not normally considered a contraindication to obesity surgery.)" Per progress report dated 01/15/15, treater states the patient "is in need of spinal surgery. The insurance carriers... have stated that she needs to undergo gastric bypass surgery prior to the spinal operation... After the gastric bypass surgery is undertaken, the patient has adequate time to recover and we will proceed with the previously suggested spinal operation." Per treater report dated 10/23/14, "██████" has provided authorization for the patient to

receive formal treatment for a weight loss program even if it ultimately involves a gastric bypass surgery." Per progress report 10/23/14, the patient's "physical stature, 5'3", 253 pounds," provides a computed BMI of 44.8, which classifies the patient as morbidly obese. Progress report dated 10/07/14 states that patient "has not undergone a lumbar epidural steroid injection at the request of her primary care physician due to her diabetes." In this case, the patient does present with significant comorbidities besides severe obesity. The patient is morbidly obese and presents with diabetes. However, there is no documentation pertaining to the specific diagnosis of Type II diabetes, as required by guidelines. It appears the patient has been authorized for a weight loss program. ODG requires documentation of "medical therapies for a cumulative total of 12 months or longer," in medical records, as a criteria for requested bariatric surgery. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Voltaren 100 mg, thirty count, prescribed on January 15, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 60, 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs. The request is for VOLTAREN 100MG THIRTY COUNT PRESCRIBED ON JANUARY 15, 2015. Patient's diagnosis per Request for Authorization form dated 01/15/15 includes displacement of lumbar intervertebral disc. Physical examination to the lumbar spine on 01/15/15 revealed tenderness to palpation and decreased range of motion, especially on extension 5-10 degrees. Positive straight leg raise bilaterally at 50 degrees. Trace ankle dorsiflexion weakness, and diminished and symmetrical reflexes. MRI of the lumbar spine on 05/15/14 revealed "chronic disc herniation at L3-4 L4-5 and L5-S1. Rather prominent central posterior herniations at L3-4 and L4-5 associated with thecal compression and spinal stenosis." Treatments to date have included physical therapy, aquatic therapy, an MRI of the lumbar spine, trigger point injection about the left lumbar paraspinal muscles, back brace and oral medications. Patient's medications have included Naproxen, Voltaren and Norco. The patient is temporarily totally disabled, per treater report dated 01/15/15. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't

seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Diclofenac (Voltaren) has been included in patient's medications per treater reports dated 10/07/14, 10/14/14 and RFA dated 01/15/15. Treater states in progress report 01/15/15 "appropriate medications to maintain her condition until her next follow-up." Given patient's condition, NSAID's would be indicated. Patient was prescribed Ibuprofen, per progress report 04/07/14 and Naproxen per progress report 09/02/14. It would appear patient has failed other NSAIDs, but treater has not stated reason for initiating Diclofenac. ODG does not support Diclofenac unless other NSAIDs have failed and the patient is at a very low risk profile. The patient is morbidly obese based on calculated BMI and also presents with diabetes. Treater has not addressed patient's risk profile. Furthermore, patient has been on Diclofenac (Voltaren) for 5 months from UR date of 03/02/15, and does not discuss an improvement in function or a reduction in pain due to the regular use of medication. MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325 mg, sixty count with two refills, prescribed on January 15, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs. The request is for NORCO 10/325MG SIXTY COUNT WITH TWO REFILLS PRESCRIBED ON JANUARY 15, 2015. Patient's diagnosis per Request for Authorization form dated 01/15/15 includes displacement of lumbar intervertebral disc. Physical examination to the lumbar spine on 01/15/15 revealed tenderness to palpation and decreased range of motion, especially on extension 5-10 degrees. Positive straight leg raise bilaterally at 50 degrees. Trace ankle dorsiflexion weakness, and diminished and symmetrical reflexes. MRI of the lumbar spine on 05/15/14 revealed "chronic disc herniation at L3-4 L4-5 and L5-S1. Rather prominent central posterior herniations at L3-4 and L4-5 associated with thecal compression and spinal stenosis." Treatments to date have included physical therapy, aquatic therapy, an MRI of the lumbar spine, trigger point injection about the left lumbar paraspinal muscles, back brace and oral medications. Treater states "appropriate medications to maintain her condition until her next follow-up." Patient's medications have included Naproxen, Gabapentin, Voltaren and Norco. The patient is temporarily totally disabled, per treater report dated 01/15/15. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs."

Norco has been included in patient's medication per treater report dated 07/29/14, 10/14/14 and RFA dated 01/15/15. 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 UDSs, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.