MAXIMUS Federal Services

Case Number:	CM13-0068638		
Date Assigned:	06/11/2014	Date of Injury:	05/27/2010
Decision Date:	07/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 05/27/2010. The mechanism of injury was reported as a fall. The diagnoses include lumbar radiculopathy and opioid dependence. Per the 12/02/2013 supplemental report, the injured worker would not be a lumbar spine surgical candidate unless he reduced his weight to 280 pounds or less. Per the 04/24/2014 consultation report, the injured worker reported radiating low back pain rated 9/10. The injured worker's weight was noted to be 310 pounds. Examination of the lumbar spine noted joint tenderness and partially diminished range of motion. It was noted the injured worker completed the Lindora weight loss program and continued to do it at home, but kept his weight the same. Prior therapy included epidural steroid injections. The injured worker was to continue taking Oxycodone 10 mg and Norco 10/325 mg. The request for authorization form for the continuation of a home-based weight reduction program, follow-up with spine surgeon, and continuation of Oxycodone and Norco was submitted 06/13/2014. The provider noted medications were continued since the injured worker received analgesia with use and was able to perform activities of daily living. The provider noted he believed the injured worker was entitled to periodic consultations with his spine surgeon since he was recommended to undergo a surgical intervention. The continuation of a home weight loss program was to allow the injured worker to continue to focus on reducing his weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FOLLOW UP WITH SPINE SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office visits.

Decision rationale: The request for 1 follow-up with spine surgeon is non-certified. The California MTUS/ACOEM Guidelines state referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms; activity limitations due to radiating leg pain for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The Official Disability Guidelines further state that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The medical records provided indicate the injured worker was recommended to undergo a surgical intervention to the lumbar spine. The provider recommended periodic consultations with the injured worker's spine surgeon. However, the spine surgeon stated the injured worker would not be a lumbar spine surgical candidate until he reduced his weight to 280 pounds or less. As of 04/24/2014, the injured worker weighed 310 pounds. Since the injured worker had not reduced his weight, he is not a lumbar spine surgical candidate and routine follow-up with the spine surgeon is not medically necessary. Based on this information, the request for a follow-up with spine surgeon is not supported. As such, the request is not medically necessary and appropriate.

CONTINUE HOME BASED WEIGHT REDUCTION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The New England Journal of Medicine, Comparative Effectiveness of Weight-Loss Interventions in Clinical Practice.http://www.nejm.org/doi/full/10.1056/Nejmoa1108660.

Decision rationale: The request for continue home-based weight reduction program is non-certified. A study on weight loss interventions in the New England Journal of Medicine stated weight loss in patients receiving only remote support was substantial and similar in magnitude to that achieved in patients receiving in-person support in addition to remote support. The effectiveness of remote support is particularly noteworthy because it is scalable and provides flexibility to both participants and coaches. The medical records provided indicate the injured worker completed a Lindora weight loss program and continued to do the program on his own at home. However, his weight remained the same. The injured worker's weight as of 04/24/2014

was 310 pounds. It does not appear the home-based weight loss program has been effective in reducing the injured worker's weight. There is no indication of dietary modifications in conjunction with the weight loss program. In addition, the submitted request does not specify the duration or frequency of the proposed program. As such, the request is not medically necessary and appropriate.

OXYCODONE 10 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Oxycodone 10 mg #120 is non-certified. Regarding opioid management, the California MTUS Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for Oxycodone since at least 01/28/2014. The provider noted the injured worker received analgesia and was able to perform activities of daily living with medication use. He stated there were no adverse side effects. A urine drug screen performed 04/24/2014 was consistent with the injured worker's medications. There is a lack of documentation regarding significant pain relief and objective functional improvements to determine the necessity of continued use. As such, the request is not medically necessary and appropriate.

NORCO 10/325 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg #120 is non-certified. Regarding opioid management, the California MTUS Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for Norco since at least 01/28/2014. The provider noted the injured worker received analgesia and was able to perform activities of daily living with medication use. He stated there were no adverse side effects. A urine drug screen performed 04/24/2014 was consistent with the injured worker's medications. There is a lack of documentation regarding significant pain relief and objective functional improvements to determine the necessity of continued use. As such, the request is not medically necessary and appropriate.