

Case Number:	CM14-0003629		
Date Assigned:	02/03/2014	Date of Injury:	02/28/2012
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 59 year-old female who has reported chronic knee pain attributed to an injury dated February 28, 2012. She has been diagnosed with degenerative joint disease of the knees. Treatment to date has included oral analgesics, bilateral knee arthroscopic surgery, left knee steroid injection, physical therapy, viscosupplementation to the left knee and aqua therapy. The Panel QME recommended knee surgery, and did not discuss specific weight loss programs or weight loss as medically necessary. On 12/12/13, a treating physiatrist initially evaluated the injured worker. He noted a long history of knee and other pain as well as mental illness. The injured worker was not working. Percocet and Norco were among the current medications. Impairment was present for most activities of daily living. The height was 5-8 and weight was 270. The treatment plan included an internist referral for weight loss management, acupuncture for 12 visits for the knees, Norco #60, and "temporarily totally disabled" work status. On December 31, 2013, Utilization Review certified consult to an internist for weight loss; certified 3 of 12 acupuncture treatments as an initial trial; and certified #30 of #60 Norco 5/325mg for weaning. The MTUS was cited in support of the Utilization Review decisions. These Utilization Review decisions were appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR INTERNIST FOR WEIGHT LOSS: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: UpToDate, Obesity in adults: Overview of management

Decision rationale: The MTUS does not provide direction for obesity treatment. Per the UpToDate reference above, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The treating physician has not provided sufficient information regarding this injured worker's prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. The referral did not include sufficient details about the proposed components of a weight loss program, is not consistent with guideline recommendations for obesity treatment, and is therefore not medically necessary.

ACUPUNCTURE 3 X 4 TO THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the MTUS. The prescription is for 12 visits, which exceeds the quantity recommended in the MTUS. An initial course of acupuncture for 12 visits is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, and lack of specific indications per the MTUS.

NORCO 5/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The treating physician did not discuss the results of prior use of opioids. The treating physician did not account for any residual Percocet and Norco. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", or chronic non-specific back pain. Aberrant use of opioids is common in this population. There is no evidence of significantly increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The prescribing physician describes this patient as "temporarily totally disabled", which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. "Temporarily totally disabled" is not an appropriate baseline functional assessment for starting a patient on opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the injured worker "has failed a trial of non-opioid analgesics". Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.