

<b>Case Number:</b>	CM14-0136807		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old male was reportedly injured on 8/25/2008. The mechanism of injury was noted "as he stepped in a pot hole while responding to an alarm at work." The claimant underwent a lumbar spine fusion at L4-L5 and L5-S1 on 3/13/2013. The most recent progress note, dated 7/21/2014, indicated that there were ongoing complaints of back, knee and shoulder pains. Physical examination demonstrated he walked with a normal gait without limp or weakness with heel/toe-walking. No gross deformity or atrophy of lumbar paravertebral muscles noted. There was decreased sensation over the right L5 and S1 dermatomes. Reflexes were 2+ in knees, absent in ankles. There was 5/5 motor strength in lower extremities bilaterally and straight leg raise was negative. Plain radiographs of lumbar spine, dated 6/9/2014, showed anterior/posterior lumbar L4-S1 appeared solid with no hardware loosening or fractures. CT myelogram of the lumbar spine, dated 7/16/2014, demonstrated s/p lumbar laminectomy and fusion with normal lumbar vertebral alignment and postop scar tissue type changes within the canal at L4-L5 and L5-S1 region and in the perithecal region extension into the foraminal sites as well. No definite evidence of a disk herniation, canal stenosis or other significant abnormality in the current study. Previous treatment included lumbar fusion, selective nerve root blocks, and medications to include Neurontin, Norco, Prilosec, Ambien, Valium, Colace, oxycodone, Zanaflex and Xartemis XR. A request had been made for oxycodone 20 mg #180 (modified for #120) and supervised weight loss program (#60 days), which were not certified in the utilization review on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain after a work-related injury and 2008 and a lumbar spine fusion in 2013. Review of the most recent available medical records fails to document clinical improvement in his pain or function with the current regimen. Furthermore, the claimant is taking two short-acting opioids to include Norco and oxycodone. As such, the request for Oxycodone is not considered medically necessary.

**Supervised weight loss program (x days) #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines

**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: The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs" by AG Tsai and TA Wadden.

**Decision rationale:** The MTUS, ACOEM and ODG fail to address weight loss programs. The referenced article indicates that counseling for diet and exercise as well as behavior therapies is the mainstay for treatment of obesity. The researchers indicated that nothing is provided through weight loss programs that could not be taught to the patient through a registered dietician, specifically the use of a low calorie, low-fat diet with a simple home exercise program. The request for Supervised weight loss program is not considered medically necessary.