

<b>Case Number:</b>	CM14-0138890		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties earlier Internationale procedures involving lumbar spine; a cane; and topical agents. In a Utilization Review Report dated July 30, 2014, the claims administrator failed approve a request for medically supported weight loss program, gabapentin, and a follow-up up visit. Non-MTUS ODG Guidelines were invoked to deny the follow-up visit. Non-MTUS ODG Guidelines were also invoked to deny the request for a weight loss program. The applicant's attorney subsequently appealed. In a July 9, 2014, progress note, the applicant reported persistent complaints of low back, knee, and bilateral leg pain. A 5/10 pain is noted. The applicant is using a cane to move about. The applicant was status post epidural steroid injection therapy, it was noted. The applicant was having difficulty sleeping as well as doing household chores such as washing dishes and vacuuming secondary to pain. Gabapentin made the applicant feel lightheaded, it was stated. Gabapentin and Lidopro were endorsed, along with the weight loss program. The applicant's height, weight, and BMI, however, were not stated. In a July 1, 2014, progress note, the applicant was described as having persistent complaints of knee and leg pain. The applicant had a BMI of 43 based on height of 5 feet and weight of 220 pounds, it was suggested. The applicant was given diagnosis of right knee degenerative joint disease, it was stated. Right knee corticosteroid injection was performed. Physical therapy was endorsed. In April 29, 2013 medical-legal evaluation, it was suggested that the applicant did not have any medical commodities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Medically supported weight loss 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 Diabetes Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 1, page 11.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of applicant specific risk factors, such as weight loss may be "less certain, more difficult, possibly less cost effective". In this case, the attending provider did not attach any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable ACOEM position on weight loss program at issue. It was stated what effort the applicant had made to try and lose weight of her own accord, moreover. Therefore, the request is not medically necessary.

### **Gabapentin 600mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section.2. MTUS 9792.20f. Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the attending provider has failed to outline any material decrements in pain or material improvements in function achieved as a result of ongoing usage of gabapentin. The applicant is off of work. The attending provider suggested on a recent visit that the applicant was having difficulty performing activities of daily living as basic as walking, standing, bending, vacuuming, and/or washing dishes, despite ongoing usage of gabapentin. The attending provider failed to quantify any decrements in pain achieved as result of ongoing gabapentin usage. Therefore, the request is not medically necessary. All the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

### **Follow up in 4 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, page 303, Followup Visits Section.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. More frequent follow-up visits are therefore indicated. Accordingly, the request is medically necessary.