

<b>Case Number:</b>	CM14-0155836		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Health and is licensed to practice in Texas. 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 injured worker is a 47 year old woman involved in a work related injury from 4/10/12. The notes submitted by the provider are handwritten and illegible. The injured worker is noted to be obese. She has sacroiliac joint irritation. There are shoulder pathology and upper extremity pathologies as well. .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** 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 Ann Intern Med. 2005 Jan 4;142(1):56-66. Systematic review: an evaluation of major commercial weight loss programs in the United States. Tsai AG1, Wadden TA.

**Decision rationale:** ACOEM, MTUS and ODG do not address weight loss programs. With the exception of 1 trial of [REDACTED], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. Controlled trials are needed to assess the

efficacy and cost-effectiveness of these interventions. Therefore, the request for the weight loss program is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** There is no compelling objective data to support the presence of muscle pathology or spasms. These drugs are intended for short term use at the acute phase of an injury, not for chronic use. Thus, noting the guidelines and lack of data to support efficacy with this drug, the request is not medically necessary.

**Random Urine Drug Screen for Medication Compliance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Toxicology Screens Opioids use. Decision based on Non-MTUS Citation Official disability Guidelines: Urine Drug Test

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The notes are hard to discern, but it seems that the injured worker had a urine drug screen in July 2014. The results appear to be appropriate. Given this, there is no indication for a repeat study. There is no data to indicate any improper use of medications, aberrant behavior or side effects. Given this, the request is not medically necessary.