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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old female with an industrial injury dated 11/08/2010 while pushing and pulling packages up a ramp when she lost control. Her diagnoses include cervical radiculopathy at C5-C6 with positive electrodiagnostic results, right shoulder impingement, status post right carpal tunnel release, herniated lumbar disc with radiculopathy, anxiety, depression, right elbow lateral epicondylitis, left hand carpal tunnel syndrome, right hip strain/sprain, gastro-esophageal reflux disease/dyspepsia, headaches, obesity, and sleep apnea. Recent diagnostic testing has included a MRI of the right hip (10/13/2014) showing mild fluid at the cul de sac but was otherwise normal. She has been treated with conservative treatment, physical therapy, medications, and epidural steroid injections (09/27/2014 & 10/18/2014). Per the clinical notes and a qualified medical evaluation (QME) dated 03/21/2014, the injured worker's weight was noted to be 178 pound on 03/28/2009 and 216 pounds on 03/30/2012 resulting in a 38 pound weight gain. Per clinical notes and the QME, by 03/04/2013, the injured worker had a 14 pound weight loss (202 pounds). In a progress note dated 11/18/2014, the treating physician reports good relief from previous epidural steroid injections, continued pain in the right shoulder, right elbow pain, pain to bilateral wrist and hands, cervical spine pain radiating down to the shoulder, low back pain, right hip pain, and right knee pain. The objective examination revealed a weight of 212, height of 63 inches, decreased range of motion in the cervical spine with a positive foraminal compression test and positive Spurling's test, tenderness to palpation over the cervical paraspinal musculature, positive impingements test of the right shoulder, tenderness, grinding and clicking in the right shoulder, decreased range of motion in
the lumbar spine with positive straight leg raises, and paraspinal tenderness and spasms in the lumbar spine. The treating physician is requesting a medically supervised weight loss program and Fioricet which were denied (Nexium was approved) by the utilization review. On 12/18/2014, Utilization Review non-certified a request for a medically supervised weight loss program, noting the absence of height and weight, and/or body mass index, history of weight loss/gain, and patients’ attempts at weight loss were not provided for review. Non-MTUS Guidelines were cited. On 12/18/2014, Utilization Review non-certified a prescription for Fioricet 50/325/40mg #90, noting that this medication is not recommended for chronic pain. The MTUS Guidelines were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of medically supervised weight loss program, Nexium 40mg #30, and Fioricet 50/325/40mg #90. According to the UR report, the request for Nexium 40mg #30 was approved certified per the written rationale in the utilization review report; therefore, this issue is not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES
The Final Determination was based on decisions for the disputed items/services set forth below:

**Medically supervised weight loss program, QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, Volume 142, pages 1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs, by A.G. Tsai and T. A. Wadden, and Annals of Royal College of Surgeons of England, Nov. 2, 2009, "Obesity and Recovery from Low Back Pain: A Prospective Study to Investigate the Effect of Body Mass Index on Recovery from Low Back Pain." by Mangwani J, Giles C., Mullins M., Salih T., Natali C.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic review: an evaluation of major commercial weight loss programs in the United States. (http://www.ncbi.nlm.nih.gov/pubmed/15630109)

**Decision rationale:** Regarding the request for a weight loss program, CA MTUS and ODG do not address the issue. A search of the National Library of identified an article entitled Systematic review: an evaluation of major commercial weight loss programs in the [issue]. This article noted that, with the exception of 1 trial of [issue], the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities prior to consideration for a medically supervised weight loss program. In light of the above issues, the currently requested weight loss program is not medically necessary.

**Fioricet 40mg, QTY: 90.00:** Upheld
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate - containing analgesic agents (BCAs), Fioricet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. In light of the above issues, the currently requested Fioricet is not medically necessary.