

<b>Case Number:</b>	CM15-0013706		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Internal Medicine

### 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 44-year-old female sustained work-related back injury on 10/23/2009. According to the progress report from the primary treating physician dated 1/9/2015, the diagnoses include cervical spondylosis, low back and bilateral lower extremity pain and weakness, lumbar spine sprain/strain status post L4-5 and L5-S1 lumbar fusion revision 6/8/2012, paroxysmal neuropathic pain and possible inflammatory/immune response. She reports an increase in lower back and lower extremity pain with electrical shock sensations in the right lower extremity. Previous treatments include medications, epidural steroid injections, aqua and physical therapy, weight loss program and psychiatric care. The treating provider requests urine drug screen four times per year and ██████████ Weight Loss Program an additional 6 months. The Utilization Review on 12/24/2014 non-certified the request for urine drug screen four times per year and ██████████ Weight Loss Program an additional 6 months, citing Official Disability Guidelines/Treatment in Worker's Compensation (ODG/TWC) and ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen 4 times a year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreeme.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The treating physician's progress report dated 12/10/14 indicated that the patient was prescribed Norco which contains the opioid Hydrocodone. The 12/10/14 progress report documented a request for urine drug screening each quarter 4 times a year. Because the future condition of the patient and medication regimen are unknowns, a request for quarterly urine drug screening indefinitely is not supported. Therefore, the request for urine drug screen 4 times a year is not medically necessary.

■■■■■ **weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Annals of Internal Medicine, 4 January 2005, Vol 142, No. 1, p56-66. Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States. Adam Gilden Tsai MD and Thomas Wadden PhD.  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021821/>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address the ■■■■■ commercial weight loss program. An Evaluation of Major Commercial Weight Loss Programs (Systematic Review) published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. There are no randomized controlled trials that support the effectiveness of the ■■■■■ commercial weight loss program. The treating physician's progress report dated 12/10/14 indicated that the patient had participated in the ■■■■■ weight loss program. An additional six months of the ■■■■■ program was requested. The patient's weight was 161 pounds. A systematic review major commercial weight loss programs, published in the Annals of Internal Medicine, concluded that the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal. There are no randomized controlled trials that support the effectiveness of the ■■■■■ commercial weight loss program. Therefore, the request for the ■■■■■ weight loss program is not supported. Therefore, the request for the ■■■■■ weight loss program is not medically necessary.

