MAXIMUS Federal Services

Case Number:	CM15-0120246		
Date Assigned:	07/01/2015	Date of Injury:	05/21/2011
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 51 year old female who sustained a work related injury May 21, 2011. While working as a police officer she developed over time lower back pain. Past history included hypertension and right wrist surgery. An MRI of the lumbar spine dated August 11, 2014, is present in the medical record. She has received nerve root blocks L5 and S1, right side x 2, June and July 2013 and bilateral L3-L5 medial branch blocks December, 2014. A report by a spine surgeon, dated January 23, 2015, documents the injured worker has degenerative disc L4-5 at stress riser with annular tears and now with low back pain and dynamic radiculopathy and is a candidate for an anterior interbody fusion L4-5. According to a primary treating physician's progress report dated May 29, 2015, the injured worker presented with continued leg pain, left worse than right, and upset stomach due to medication. She reports a 24 pound weight loss. Objective findings included positive straight leg raise and paraspinal spasm with decreased range of motion. Some handwritten notes are difficult to decipher. Diagnosis is documented as lumbar herniated nucleus pulposus; degenerative disc disease. At issue, is the request for authorization for a weight loss program, Ambien, and Norco.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Weight Reduction Medications and Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.researchgate.net/profile/Rahman_Shiri2/publication/40685737_The_association_be t ween_obesity_and_low_back_pain_a_meta-analysis/links/0912f5086adf09035b000000.pdfBackLetter. 21(2):13, 20, 22, February 2006.

Decision rationale: MTUS and ODG Guidelines do not mention weight loss as an effective means of treatment for low back pain. In addition, there is no good scientific evidence that weight loss is an effective method of treating low back pain. The records document a 26-pound weight loss by this individual utilizing a Jenny Craig program and there is no reported change in her pain levels or functional tolerances. For her general health, the weight loss is a very good idea, but as a specific treatment of the low back pain it is not medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated Guidelines support the long-term use of specific hypnotic medications, however Ambien is not one of the recommended drugs for long-term use. Recommended use is limited to 3 weeks. There are Guideline supported alternative hypnotics for long term when insomnia is associated with chronic pain and there are no unusual circumstances why Guideline recommendations should not be followed. The Ambien 10mg. #30 is not medically necessary.

Norco 5/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when specific standards are met. These standards include careful documentation of use patterns, amount of pain relief and the length of pain relief. They also include documentation of functional benefits

and the lack of drug related aberrant behaviors. These standards are not being met. There is no documentation regarding use patterns, pain relief, functional benefits or screening for aberrant behaviors. Under these circumstances, the Norco 5/325mg #80 is not supported by Guidelines and is not medically necessary. Adequate documentation by the prescribing physician could have future impact on this recommendation.