

Case Number:	CM15-0145212		
Date Assigned:	08/06/2015	Date of Injury:	08/22/2008
Decision Date:	11/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 08-22-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, left shoulder pain and low back pain. Medical records (01-09-2015 to 07-02-2015) indicate ongoing neck pain, left shoulder pain, low back pain, and poor sleep quality. Records also indicate no changes activity levels or quality of life. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-04-2015 and 07-02-2015, revealed continued sharp burning pain in the buttocks and on the right side as it radiates half way down her right thigh; continued depression regarding weight gain; restricted range of motion (ROM) in the cervical spine right shoulder and lumbar spine due to pain; continued spasms and tenderness bilaterally in the paracervical muscles, rhomboid muscles and trapezius muscles, lumbar spine and paravertebral musculature, and the acromioclavicular (AC) joint, biceps groove, and greater tubercle of the humerus; positive cervical facet loading bilaterally, positive lumbar facet loading, positive Neer's test, cross-over test and arm drop test. The motor and sensory exams of the bilateral upper and lower extremities showed mildly decreased motor strength in all fields, and decreased sensation to light touch over the right lateral calf, thigh and lateral forearm. There were no significant changes in these exams. Relevant treatments have included transforaminal epidural steroid injections (TFESI) to the bilateral lumbar spine (03-04-2015) with about 70% relief, physical therapy (PT), work restrictions, and pain medications (Methadone and Norco since 01-09-2015). There were not diagnostic testing results available for review. The requests for authorization (07-02-2015 and 07-16-2015) shows that the following medications and service were requested: an outpatient weight loss program (preferably XXXXXXXXXX) x 6 months, Methadone hydrochloride 10mg 1 #60, Norco 10-

325mg #90, Senokot-S 8.6-50mg #60, and omeprazole DR 20mg #30. The original utilization review (07-24-2015) denied the request for an outpatient weight loss program (preferably [REDACTED]) x 6 months based on the absence of evidence that the IW had undergone physician supervised weight loss attempt. The Methadone hydrochloride 10mg 1 #60 and Norco 10-325mg #90 were denied based on the lack of objective improvement with prior use and compliance with CA MTUS guidelines. The was Senokot-S 8.6-50mg #60 was denied based on the lack of medical necessity for this medication since it's intended use to counter the side effects of the denied opioid medications. In addition, the omeprazole DR 20mg #30 was denied based on the absence of gastrointestinal complaints and the absence of non-steroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient weight loss program (preferably [REDACTED]) x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD, Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dynamed.com/#topics/dmp~AN~T115009/Obesity-in-adults#Treatment.

Decision rationale: MTUS does not address this request. Per guidelines, diet and exercise are primary strategies for losing weight. Exercise may promote weight loss, especially when combined with dietary change. Documentation supports that the injured worker is obese and complains of worsening pain with recent increase in weight. Physician reports fail to demonstrate that a previous physician supervised program has been prescribed and failed. Furthermore, there is lack of evidence indicating a correlation of obesity to the work-related diagnoses. The request for Outpatient weight loss program (preferably [REDACTED]) x 6 months is not medically necessary.

Methadone Hydrochloride 10mg 1 two times daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of

intolerable adverse effects. The injured worker complains of chronic neck, left shoulder and low back pain. Documentation fails to demonstrate significant objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Methadone Hydrochloride 10mg 1 two times daily, #60 is not medically necessary.

Norco 10/325mg 1 three times a day as needed, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck, left shoulder and low back pain. Documentation fails to demonstrate significant objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg 1 three times a day as needed, #90 is not medically necessary.

Senokot-S 8.6/50mg 2 at bedtime, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/.

Decision rationale: Senna is an FDA-approved nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Senna may also be used in the treatment of irritable bowel syndrome (IBS), hemorrhoids, and weight loss. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Senokot-S to treat opioid-induced constipation is no longer indicated. The request for Senokot-S 8.6/50mg 2 at bedtime, #60 is not medically necessary.

Omeprazole Dr 20mg 1 daily, #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 (ODG), Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole Dr 20mg 1 daily, #30 is not medically necessary per MTUS guidelines.