

Case Number:	CM15-0176843		
Date Assigned:	09/17/2015	Date of Injury:	05/25/2009
Decision Date:	11/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 44 year old male, who sustained an industrial injury on 5-25-09. He reported back pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc disease at T12-L1, lumbar facet arthropathy, thoracic spine sprain or strain, obesity, and sleep disorder. Treatment to date has included a lumbar epidural injection, a home exercise program, and medication. On 6-11-15 pain was rated as 6-7 of 10. Physical examination findings on 6-11-15 included slightly antalgic gait, diffuse tenderness to palpation in the thoracic paravertebral musculature and lumbar paraspinal muscles. Guarding and spasm was noted over the lumbar paravertebral muscles. Facet tenderness was also noted to palpation along the T12-L1 level. Kemp's test and Farfan's test were positive bilaterally. The patient's weight was noted to be 310 pounds. The injured worker had been taking Norco and Soma since at least November 2014. Currently, the injured worker complains of pain in the lumbar spine radiating to bilateral legs with spasms in the back. On 7-7-15 the treating physician requested authorization for Norco 5-325mg #90, Soma 350mg #60, urine toxicology screening, and a 10 week weight loss program. On 8-4-15 the requests were modified or non-certified. Regarding Soma, the utilization review (UR) physician noted "there is insufficient documentation contraindicating the use of NSAID's for the patient's current condition." Regarding Norco, the UR physician noted "there is no documented functional improvement from its previous usage." The request was modified to certify a quantity of 70 to initiate a weaning process. Regarding urine toxicology, the UR physician noted "there is insufficient documentation of inconsistencies or documentation to

indicate an additional urine screen." Regarding a weight loss program, the UR physician noted "there is no documentation of failed attempts at weight control, including diet and exercise."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 5/325mg #90 is not medically necessary.

Soma 350mg #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): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #60 is not medically necessary.

Urine toxicology screening: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the

ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screen is not medically necessary.

10 week 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 Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, Number: 0039, last reviewed 03/21/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on the topic of medical weight loss programs. The Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs was referenced in regard to the request. NHLBI Guidelines on Diagnosis and Management of Obesity support this policy. Aetna considers the following medically necessary treatment of obesity when criteria are met: 1. Weight reduction medications, and 2. Clinician supervision of weight reduction programs. The request does not contain documentation that the above criteria are met. 10 Week Weight Loss Program is not medically necessary.