

Case Number:	CM15-0178127		
Date Assigned:	09/22/2015	Date of Injury:	08/23/2006
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 32 year old female who sustained an industrial injury on 8-23-06. She had complaints of lower back pain. Treatments include: medication, physical therapy, chiropractic care, home exercise program and injections. Diagnostic testing includes: x-ray and MRI. Progress report dated 7-29-15 reports continued complaints of nearly constant low back pain that radiates down the right leg with some numbness. She has some radiation of pain to her left leg but less than the right leg. Objective findings: positive lumbar spine tenderness to palpation on L5-S1, right sacroiliac tenderness, right gluteal tenderness. Her gait is tender, toes and feet strong extension and flexion. Current weight is 228.2. Plan of care includes: follow up with pain management, prescribe Liraglutide 3.0 mg subcutaneously once a week #4 to help with weight loss to avoid bariatric surgery, refer to nutritionist. Work status: permanent and stationary, maximum medial improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bariatric surgery: 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), Diabetes (Type 1, 2, and gestational): Bariatric Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Roux-en-Y Gastric Bypass.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bariatric surgery for this patient. The clinical records submitted do not support the fact that this patient had evidence of compliance with a medically supervised, non-surgical weight reduction plan. Failure of pharmacologic therapy to lose weight in a medically supervised manner has also not been documented. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of laparoscopic roux-en-y gastric bypass. According to the Official Disability Guidelines (ODG): Recommend gastric bypass, not gastric banding, weight-loss surgery for type 2 diabetes, if change in diet and exercise does not yield adequate results. The Criteria for Bariatric Surgery with Gastric Bypass is as follows: (1) Gastric bypass procedure recommended for diabetes, not gastric banding procedure. (2) Type 2 diabetes diagnosis. (3) BMI of 35 or more, or BMI of 30 to 35 if the patient has poorly controlled diabetes. (4) Not achieving recommended treatment targets (A1C<6.5%) with medical therapies for a cumulative total of 12 months or longer in duration, documented in the medical record, including: (a) Medications. (b) Diet and exercise: Physician-supervised nutrition and exercise program (including dietician consultation, low calorie diet, increased physical activity, and behavioral modification). According to ODG Criteria for Bariatric Surgery, the documentation of pharmacologic and physician supervised weight loss/nutrition should be made to prove that appropriate non-surgical interventions have been exhausted. Therefore, based on the submitted medical documentation, the request for bariatric surgery is not-medically necessary.

Contrave #120 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacological and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5; 142(7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Association. 2007, October; Nutrition Concepts by Franz, Inc.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines do not address this topic. Therefore, outside sources were sought. The cited guidelines provide the essential elements for the primary care providers to direct patients to healthy weight loss. In this case, the claimant has reportedly gained weight since her injury due to her more sedentary lifestyle. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that a change in diet and exercise has failed to yield adequate results necessitating the use of weight loss medications. Therefore, based on the submitted medical documentation, the request for contrave is not-medically necessary.

Gabapentin 600mg #90 with one refill: 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): Chronic pain programs, early intervention, Chronic pain programs, intensity.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state: Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Regarding this patient's case, the clinical records submitted do support the fact that this patient has chronic lower back pain secondary to an industrial accident. However, the records do not support that this pain is neuropathic in nature or caused by post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Neurontin is not medically necessary.