

<b>Case Number:</b>	CM15-0064379		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on September 30, 2014. She reported an immediate onset of pain in her right shoulder, right wrist, right knee and right ankle as well as swelling of the right knee and right ankle. Treatment to date has included work restrictions, orthotics, medications, and intramuscular Toradol injection. Currently, the injured worker complains of pain in the neck with radiation of pain to the right shoulder. She reports intermittent right shoulder pain, right wrist/hand pain and low back pain. She reports constant pain in the right knee and has pain in the right ankle. She reports complaints of weight gain, gastritis, digestive problems and an aggravation of asthma secondary to chronic pain. Her treatment plan includes [REDACTED] program for weight loss, home exercise program, oral and topical medications for pain and qualitative drug screen test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) [REDACTED] weight loss program:** 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. Pharmacologic and surgical management of obesity in primary care: a clinical practice

guidelines 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 University of Michigan Health System. Obesity prevention and management. Ann Arbor (MI): University of Michigan Health System; 2013 Jul. 14.

**Decision rationale:** CA MTUS and ODG are silent on obesity management, An alternative guideline was consulted. Management of obesity includes counseling in lifestyle counseling, dietary interventions, increasing physical activity and ensuring adequate sleep. Medications should be considered if initial interventions are unsuccessful. When these interventions are unsuccessful, consideration of a multi-disciplinary weight loss program or bariatric surgery may be considered. In this case, there is no documentation of any initial intervention for weight loss (no lifestyle counseling, dietary interventions, etc) and therefore there is no indication for referral to [REDACTED] loss program. The request is not medically necessary.

**One (1) urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the claimant has recently started taking an opioid (tramadol) and a urine drug screen is medically necessary.