

Case Number:	CM15-0071129		
Date Assigned:	04/22/2015	Date of Injury:	01/20/2010
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 39 year old female, who sustained an industrial injury on 1/20/2010, while employed as a supervisor/cook. She reported that a pallet of meat set dropped on her right foot. The injured worker was initially diagnosed as having a high ankle sprain, later diagnosed with a crush injury to her right foot. Current diagnoses included chronic regional pain syndrome of bilateral lower extremities/both feet (right greater than left), intractable myofascial pain syndrome, thoracolumbar spine, numbness in bilateral lower extremities, insomnia due to pain, weight gain, and status post surgery for removal of neuroma in right foot. Treatment to date has included diagnostics, physical therapy, medications, right foot surgery in 6/2011, and chiropractic. She was released back to work by 1/2012, and in 10/2013 a pallet slammed into the inside edge of her right ankle. On 2/20/2015, the injured worker complains of left leg and low back pain, weight gain of over 200 pounds since the initial injury, due to inactivity, and sleeping only 5 hours a night. Work status was total temporary disability. Current medications included Naproxen, Gabapentin, and Tylenol #3. Her height was 5'10" and weight was 380 pounds. The treatment plan at that time included Lindora weight loss program for 3 months and Ultram. A progress report, dated 2/10/2015, noted her weight at 335 pounds. On 3/19/2015, she reported constant upper and lower back pain, rated 7-8/10 without medications, along with pain and numbness in bilateral lower extremities, right greater than left. She also reported right ankle pain, rated 5-6/10. She reported that pain was reduced to 4/10 with medications, enabling her to perform activities of daily living with less discomfort. She was feeling moderately depressed

and noticed difficulty sleeping without medications. The treatment plan included Lindora weight loss program, Naproxen, Neurontin, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lindora weight loss program for 3 months: 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), Low Back Chapter, Aerobic Exercise.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, weight loss programs.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. Per the ODG on weight loss programs: Only recommended as a supervised program when the patient has failed to appropriately self-manage nutritional intake and a self-motivated exercise program to reach weight loss goals. The provided clinical documentation for review fails to meet these criteria and therefore the request is not medically necessary.

Tramadol ER 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect

therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore criteria for the ongoing use of opioids have not been met and the request is not medically necessary.