
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 2/11/2005
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001694

- 1) MAXIMUS Federal Services, Inc. has determined the request for laboratory test, complete, vitamin D and testosterone **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for continue current medications **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for a prescription of vitamin D **is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Prilosec 20mg **is medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Levothyroxine 25mg **is medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Alprazolam 1mg **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Dilantin 100mg **is medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Nortriptyline 75mg **is medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Metformin 1000mg **is medically necessary and appropriate.**

- 10)MAXIMUS Federal Services, Inc. has determined the request for a prescription of Lisinopril 2.5mg **is medically necessary and appropriate.**

- 11)MAXIMUS Federal Services, Inc. has determined the request for a prescription of Hydrocodone/APAP 10/650mg **is medically necessary and appropriate.**

- 12)MAXIMUS Federal Services, Inc. has determined the request for a prescription of Naproxen 500mg **is medically necessary and appropriate.**

- 13)MAXIMUS Federal Services, Inc. has determined the request for a prescription of Carisoprodol 350mg **is not medically necessary and appropriate.**

- 14)MAXIMUS Federal Services, Inc. has determined the request for continued weight loss efforts **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for laboratory test, complete, vitamin D and testosterone **is medically necessary and appropriate.**
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- 13) MAXIMUS Federal Services, Inc. has determined the request for a prescription of Carisoprodol 350mg **is not medically necessary and appropriate.**
- 14) MAXIMUS Federal Services, Inc. has determined the request for continued weight loss efforts **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

“The patient is a 48 year-old male with a date of injury of 2/11/2005. The provider submitted a prospective request for laboratories: complete, vitamin D and testosterone, a request to continue current medications, and prescriptions of vitamin D, Prilosec 20 mg, Levothyroxine 25 mcg, AndroGel 1.62%, Alprazolam 1mg, Dilantin 100 mg, Nortriptyline 75 mg, Metformin 1000mg, Lisinopril 2.5 mg, Hydrocodone/APAP10/650 mg, Naproxen 500 mg, Carisoprodol 350 mg, and a request to continue weight loss efforts.

“According to the progress report, dated 6/19/2013, submitted by [REDACTED], M.D., the patient saw a dietitian, which was very helpful. He had been swimming a lot. He reported sleeping a little better and emotionally being more stable. The patient was still losing weight. He had lost a total of 24 pounds, already. He complained of continuous right foot pain. He had been taking an extra Alprazolam dose which had been helpful for his anxiety by being in more control, much calmer, and emotionally stable. He did not have any chest pain, dyspnea, or cardiac palpitations. His fasting blood sugar was 109-114. There were no reported abnormal objective findings. The patient was diagnosed with chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms; improved gastroesophageal reflux disease (GERD)/dyspepsia; type 2 diabetes; improved anxiety; sleep disorder; marked industrially-related obesity; industrial opiate medication induced hypogonadism; dyslipidemia; hypothyroidism; and industrial right-sided plantar fasciitis secondary to gait disturbance.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/16/13)
- Utilization Review Determination (dated 7/7/13)
- Medical Records
- Medical Treatment Utilization Schedule

1) **Regarding the request for: laboratory test, complete, vitamin D and testosterone**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, Routine Suggested Monitoring, pg. 60 which is part of MTUS. The Expert Reviewer cited The Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects pg. 70,110-111, which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for laboratory test, complete, vitamin D and testosterone.

According to MTUS Guidelines, testosterone replacement is recommended in limited circumstances for employees taking high-dose long-term opioids with documented low testosterone levels. The medical records reviewed indicate the employee is on testosterone replacement therapy and monitoring the testosterone levels is necessary to evaluate efficacy and to tailor the dosage to the individual. The employee is obese and apparently on a weight loss program. Obesity is associated with risk for vitamin D inadequacy, and the weight loss program may place the employee at risk for deficiency as would limited sun exposure due to the employee's disability. The request for laboratory test, complete, vitamin D and testosterone **is medically necessary and appropriate.**

2) **Regarding the request for continue current medications :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The claims administrator did not cite any evidence-based criteria for its decision. The Expert Reviewer cited MTUS Chronic Pain Medical Treatment Guidelines, pg. 11 of 127.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for continue current medications.

MTUS requires the physician to use clinical judgment in selecting the type of treatment, intensity and frequency, and tailor these to the individual. The medical records reviewed indicate the employee has lower back pain, and comorbid conditions including obesity, thyroid, diabetes, hypogonadism, heart, hypertension, respiratory, high cholesterol, constipation, and seizures. Not continuing current medications would appear to place the employee at unnecessary risk for harm. The request for continue current medication **is medically necessary and appropriate.**

3) Regarding the request for a prescription of vitamin D :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Bischoff-Ferrari et al, 2009; Hollick, 2007; Cranney et al, 2007; US Department of Health and Human Services, 2005 which is not part of MTUS. The Expert Reviewer cited MTUS Chronic Pain Medical Treatment Guidelines, pg 11 of 127.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for vitamin D.

MTUS requires the physician use clinical judgment in selection of treatment and tailor this to the individual. The employee is being monitored by an internal medicine physician, and apparently there was concern for vitamin D levels. The employee has been shown to have risk factors, including obesity, and is participating in a weight loss program, with mention of bariatric surgery. The physician appears to be trying to use clinical judgment and was monitoring vitamin D levels. The medical records reviewed include a 12/20/12 CBC and Testosterone lab, but neither is a test for vitamin D levels. The employee is obese and apparently on a weight loss program. Obesity is associated with risk for vitamin D inadequacy, and the weight loss program may place the employee at risk for deficiency as would limited sun exposure due to the employee's disability. The request for a prescription of vitamin D **is medically necessary and appropriate.**

4) Regarding the request for a prescription of Prilosec 20mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 58 which

is part of MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for a prescription of Prilosec 20 mg.

MTUS guidelines support the use of a proton pump inhibitor (PPI) for dyspepsia from NSAIDs for those who are at risk for gastrointestinal events. The medical records reviewed indicate the employee has been diagnosed with GERD. The employee takes naproxen, an NSAID. The employee has been on a PPI and found relief, and there is documentation from an Internal Medicine physician recommending continuing. The request for Prilosec 20mg **is medically necessary and appropriate.**

5) Regarding the request for a prescription of Levothyroxine 25mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American Association of Clinical Endocrinologists and Association Medical Endocrinologist medical guidelines for clinical practice for the diagnosis and management of thyroid nodules. (AACE/AME Task Force on Thyroid Nodules.) Endocr Pract 2006 Jan-Feb; 12(1):63-102 which is not part of MTUS. The Expert Reviewer stated the MTUS did not address the issue at dispute and based his/her decision on the FDA indications for Levothyroxine found at (<http://www.drugs.com/pro/levothyroxine.html>) as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for Levothyroxine 25mg.

The Drugs.com website indicate the use of Levothyroxine as replacement or supplemental therapy in congenital or acquired hypothyroidism of any etiology, except transient hypothyroidism during the recovery phase of subacute thyroiditis. As the clinical notes reviewed indicate, the employee has been diagnosed with hypothyroidism and has been on Levothyroxine. The use of Levothyroxine is contraindicated with acute myocardial infarction, however, the

employee has not been diagnosed with acute myocardial infarction. The request for a prescription of Levothyroxine **is medically necessary and appropriate.**

6) Regarding the request for a prescription of Alprazolam 1mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Benzodiazepines, page 24. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for Alprazolam 1mg.

MTUS recommends against long-term use of benzodiazepines, stating most guidelines limit use to 4-weeks. The request for Alprazolam 1mg **is not medically necessary and appropriate.**

7) Regarding the request for a prescription of Dilantin 100mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria for its decision. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 11,16-17 which is part of MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for Dilanton 1 mg.

MTUS recommends Dilantin, an Anti-epilepsy drug for neuropathic pain. The employee was suspected of having neuropathic pain either radiculopathy or diabetic neuropathy. The boxed label for Dilantin recommends these for seizures. The medical records reviewed noted the employee had seizures that were

controlled with Dilantin. The request for Dilantin 100 mg **is medically necessary and appropriate.**

8) Regarding the request for a prescription of Nortryptyline 75mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 15 (Stress Complaints), page 388. The Expert Reviewer based his/her decision on The Chronic Pain Medical Treatment Guidelines, pg. 13-14, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for Nortryptyline 75 mg.

MTUS guidelines recommend tricyclic antidepressants as first line therapy for neuropathic pain. The employee was suspected of having radiculopathy versus diabetic neuropathy. Both are considered neuropathic pain. The request for Nortryptyline 75 mg **is medically necessary and appropriate.**

9) Regarding the request for a prescription of Metformin 1000mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the National Guideline Clearinghouse (NGC) summary of the National Institute of Health and Clinical Excellence (NICE) guidelines; no 43 on Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children, which is not part of the MTUS. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the issue at dispute, and in addition, used the Chronic Pain Medical Treatment Guidelines, pg. 11 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial

right-sided plantar fasciitis secondary to gait disturbance. The request is for Metformin 1000mg.

According to National Institute of Health and Clinical Excellence (NICE) guidelines, clinical judgment shall be applied to determine frequency and intensity and election of treatment must be tailored for the individual case. The employee has Type 2, diabetes mellitus controlled with Metformin to the normal range. Metformin is recommended. The request for Metformin 1000mg **is medically necessary and appropriate.**

10) Regarding the request for a prescription of Lisinopril 2.5mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Diabetes, which is not part of the MTUS. The Expert Reviewer stated MTUS did not address the issue at dispute and based his/her decision on online website of Drugs.com, Indications and Usage for Lisinopril (<http://www.drugs.com/pro/lisinopril.html>) as relevant and appropriate for the employee's circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for a prescription of Lisinopril 2.5mg.

The Drugs.com website states that Lisinopril is indicated for the treatment of hypertension to lower blood pressure. Lowering blood pressure lowers the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions. In this case, the employee is diagnosed with hypertension. The request for Lisinopril 2.5mg **is medically necessary and appropriate.**

11) Regarding the request for a prescription of Hydrocodone/APAP 10/650mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Hydrocodone/Acetaminophen, pg. 91 which is part of MTUS. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines (2009), Pain Interventions and Treatments, pgs 8, 11, 88-89, 94.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved

gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for a prescription of hydrocodone/APAP 10/650mg.

The MTUS Guidelines require treatment of pain for as long as it persists. MTUS also states the physician shall use clinical judgment in selection of treatment, frequency and intensity. The medical records provided for review indicate that the Hydrocodone/APAP is highly effective in employee's pain management which would be considered a satisfactory response. The request for a prescription of Hydrocodone/APAP 10/650mg **is medically necessary and appropriate.**

12) Regarding the request for a prescription of Naproxen 500mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 58 which is part of the MTUS. The Expert Reviewer based his/her decision on MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg. 68-70.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for a prescription of Naproxen 500 mg.

MTUS states contraindications for NSAIDs include patients with renal insufficiency, congestive heart failure or volume excess. The medical records reviewed indicate the employee has been evaluated by several internal medicine physicians, and has not been diagnosed with any of the contraindications. MTUS appears to recommend naproxen if cardiovascular risk is greater than GI risk, along with a PPI. While the records do document one of the physicians who has examined the employee stated "if possible, naproxen should be discontinued," MTUS does not state that it needs to be discontinued due to GI or cardiovascular risk factors other than the contraindications above. The request for naproxen appears consistent with MTUS guidelines. The request for a prescription of Naproxen 500mg **is medically necessary and appropriate.**

13) Regarding the request for a prescription of Carisoprodol 350mg :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), page 19 which is part of the MTUS. The Expert Reviewer based his/her decision on MTUS Chronic Pain Treatment Guidelines, Carisoprodol (Soma), page 29.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for a prescription of Carisoprodol 350 mg.

The MTUS Guidelines specifically state that Carisoprodol (Soma) is not recommended for long-term use, and there are no exceptions provided. The medical records provided reveal that the employee has been on Soma for longer than recommended timeframe indicated by the guidelines. The request for a prescription of Carisoprodol 350mg **is not medically necessary and appropriate.**

14)Regarding the request for continued weight loss efforts :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the National Guideline Clearinghouse, Scottish Intercollegiate Guidelines Network (SIGN), Management of obesity, a national clinical guideline. Edinburg (Scotland): 2010 Feb. 96p. (SIGN publication; no 115), which is not part of the MTUS. The Expert Reviewer stated the MTUS did not address the issue at dispute and based his/her decision on Obesity: Assessment and Management in Primary Care: Am Fam Physician. 2001 Jun 1;63(11):2185-2197. Evidence-based clinical guidelines for Adults.

Rationale for the Decision:

The employee sustained a work-related injury on 2/5/05. According to the medical records provided for review diagnoses were chronic pain, particularly involving low back with bilateral lower extremity radicular symptoms, improved gastroesophageal reflux disease (GERD)/dyspepsia, type 2 diabetes, improved anxiety, sleep disorder, marked industrially-related obesity, industrial opiate medication induced hypogonadism, dyslipidemia, hypothyroidism, and industrial right-sided plantar fasciitis secondary to gait disturbance. The request is for continued weight loss efforts.

The NHLBI, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, released the first federal guidelines for the management of overweight and obese adults. The NHLBI panel recommends that treatment for obesity involve a two-step process of assessment and management. According to the medical records available, the employee's BMI ranged from 39 to 42

between Jan. 2012 and Jan 2013. According to the guideline above, treatment is recommended for BMI over 30. The request for continued weight loss efforts **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/slm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.