

<b>Case Number:</b>	CM13-0025958		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51 year old male with report of industrial injury 4/19/04. Patient per clinic note from 11/2/12 with report of weight loss from 392.4 to 364/2. Report of suicide attempt by note from 4/18/13 possibly linked to Suprenza.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gastric bypass surgery:** 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 Ribaric G, Buchwald JN, McGlennon TW. Diabetes and Weight in Comparative Studies of Bariatric Surgery vs Conventional Medical Therapy: A Systematic Review and Meta-Analysis. Obes Surg. 2013 Dec 28.

**Decision rationale:** The MTUS and ODG is silent on the issue of gastric bypass surgery. Per national guidelines, for patients with morbid obesity, bariatric surgery has been shown to be more effective than conventional medical therapy in selected patients. The patient must be evaluated for depression or anxiety as they are at greater risk for weight regain post operatively. There is insufficient evidence in the records of adequate documentation of a stable psychological

condition in this patient to warrant medical necessity. Therefore the determination is non-certification.

**Suprenza ODT 15mg #31:** 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 Cosentino G, Conrad AO, Uwaifo GI. Phentermine and topiramate for the management of obesity: a review. Drug Des Devel Ther. 2011 Apr 5;7:267-78.

**Decision rationale:** MTUS and ODG is silent on the issue of Suprenza. Suprenza is not medically necessary based upon the issue of suicidal ideation and suicide attempt while initially prescribed the medication. Therefore the determination is non certification.

**Topiramate 50mg #60 with two refills:** 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 Smith SM, Meyer M, Trinkley KE. Phentermine/topiramate for the treatment of obesity. Ann Pharmacother. 2013 Mar;47(3):340-9. Review.

**Decision rationale:** Topomax is an anti-epileptic medication proposed in the treatment of obesity. A review of the literature demonstrates concerns regarding long term safety. Therefore the determination is non-certification.