

Case Number:	CM13-0041376		
Date Assigned:	12/20/2013	Date of Injury:	07/09/2007
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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:

The patient is a 47-year-old male who reported an injury on 7/9/07. He slipped and fell, causing injury to this neck, left shoulder, left arm, left thumb, and low back. The patient developed chronic pain that was managed by medications, psychiatric support and a home exercise program. The patient's most recent clinical examination revealed that he continued to lose weight with an increase in exercise and nutritional management. It was noted that the patient's pain was reduced from a 6-7/10 to a 4-5/10 with medications. The patient's medications included Norco 10/325 mg, Klonopin (prescribed by another doctor), Phentermine 37.5 mg, Lunesta 35 mg, and AndroGel 5 gm per day. The patient's diagnoses included chronic low back pain, status post cervical discectomy at the C5-6 level and chronic left knee pain. The patient's treatment plan included the continuation of medications and the continuation of a self-directed weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The clinical documentation submitted for review states that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule does not recommend the use of benzodiazepines for long-term treatment. Additionally, the submitted request does not provide a dosage or frequency to establish the safety and efficacy of this medication. As such, the request is not medically necessary or appropriate.

request for Phentermine 37.5 mg: 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
<http://www.rxlist.com/script/main/art.asp?articlekey=103792&page=3>.

Decision rationale: The clinical documentation submitted for review indicates that the patient is undergoing weight loss via a self-directed weight management program. An online resource, RxList.com, indicates that Phentermine is an amphetamine-like drug that is not recommended for long-term use due to a significant risk for dependence and abuse. It was also noted that the patient is at risk for developing a tolerance to this type of diet pill within weeks. Therefore, short-term use is recommended. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. There was no documentation that the patient has failed to transition off this medication to continue to lose weight. Due to the significant risk of dependence and abuse, continuation of this medication is not supported. As such, the request is not medically necessary or appropriate.

request for AndroGel 5 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend the long-term use of this medication to assist with appropriate sleep patterns. However, the clinical documentation submitted for review provides evidence that the patient is not taking this medication. Therefore, continued prescriptions would not be indicated. As such, the request is not medically necessary or appropriate.

request for AndroGel 5 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The clinical documentation submitted for review states that the patient has been on this medication for an extended duration. The Official Disability Guidelines recommend testosterone replacement for patients who have been on opioids for an extended duration, but the clinical documentation submitted for review does not provide any evaluation to support the effectiveness of this hormone replacement. Since the clinical assessment does not provide significant functional benefit and symptom relief of the patient's symptoms related to low testosterone, the continued use of this medication is not supported. As such, the request is not medically necessary or appropriate.