

Case Number:	CM13-0044259		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2006
Decision Date:	05/27/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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/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 injured worker is a 41-year-old male who reported an injury on 12/23/2006. The mechanism of injury was repetitive lifting. The injured worker underwent a right L5-S1 microdiscectomy on 02/26/2007. The documentation of 10/04/2013 revealed that the injured worker's height was 73 inches and weight was 305 pounds. The injured worker had constant pain of 7/10 to 9/10 in the right low back and buttocks with constant numbness in a two (2) inch circular area in the right central buttock and intermittent pain on the right leg. The diagnoses included lumbosacral strain with radiculopathy, thoracic strain, gluteal strain, and status post L5-S1 discectomy. The treatment included a course of pool therapy since the symptoms were aggravated by land-based physical therapy, a repeat lumbosacral MRI, since he has had none in the past six (6) years, and phentermine 37.5 mg one (1) half tablet to one (1) tablet daily to assist the injured worker get started on a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5mg 1/2 daily to 1 daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=phentermine>.

Decision rationale: Drugs.com indicates that phentermine is a stimulant similar to amphetamines and it can be utilized together with diet and exercise to treat obesity in people with risk factors such as high blood pressure, high cholesterol, or diabetes. The physician documentation indicated that the medication was being prescribed to assist the injured worker in weight loss. The clinical documentation submitted for review failed to indicate that the injured worker had trialed and failed sensible dieting and exercise alone without the addition of pharmacologic intervention. Given the above, the request for Phentermine 37.5mg 1/2 daily to 1 daily is not medically necessary.