

Case Number:	CM14-0000950		
Date Assigned:	01/22/2014	Date of Injury:	10/22/2002
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Interventional Spine 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 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 46 year old female with date of injury 10/22/02. The treating physician report dated 12/3/13 indicates that the patient presents with a chief complaint of lower back pain, left leg pain, neck pain status post L4-S1 fusion. The current diagnoses are: Low back pain following L4-S1 fusion in 2008, Left leg pain, new extrusion at L3/4, Myofascial pain syndrome, Cervicalgia, Poor sleep hygiene, and Post element pain, +MBB x 2. The utilization review report dated 12/17/13 denied the request for a one year gym membership, Phentermine and Aciphex based on the medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 YEAR GYM MEMBERSHIP: 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-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The patient presents with chronic worsening lower back pain and left leg pain. The current request is for a one year gym membership. The treating physician states, "Recommend again a year gym membership, in place of PT sessions, which would be more effective and cost less as well; esp. swimming." The MTUS guidelines do not address gym memberships. The ODG guidelines lumbar chapter states, "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The treater in this case has not documented that a home exercise program with periodic assessment and revision has not been effective and there is nothing to indicate that there is a need for special equipment. There is also no evidence that one type of exercise is more effective over another. While the treater may argue for the patient's need for pool exercises, there is no reason why the patient can't do necessary exercises on land at home. Recommendation is for denial.

60 PHENTERMINE 37.5MG: 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 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The patient presents with chronic worsening lower back pain and left leg pain. The current request is for Phentermine 37.5mg #60. The treating physician report dated 12/3/13 states, "Continue Phentermine 30mg #60. Trial: Phentermine37.5mg bid, 360/█." The patient's weight on 12/3/13 is reported as 185lbs with BMI 33.8. Review of the 5/16/13 report states the patient's weight is 168lbs with BMI of 30.7 while taking Phentermine 30mg BID. Review of the treating physician report dated 2/12/13 states the patient's weight is 163lbs with BMI of 29.8 while taking Phentermine 30mg BID. The MTUS and ODG guidelines do not address Phentermine (weight loss drug). The AETNA guidelines state, "Weight reduction medications are considered medically necessary for members who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below." The MTUS guidelines page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." In this case the patient has been taking Phentermine 30mg BID for over 9 months. There is nothing in the records provided to indicate that the medication is helping the patient with weight loss. In fact the records show that the patient gained 17 pounds while taking the medication. The AETNA guidelines also state that the patient must partake in a low calorie diet, increased physical activity and behavioral therapy to meet the first criteria for weight loss medications. The treater in this case has failed to document the necessary criteria and the patient has failed to respond to the prescribed medication. Recommendation is for denial.

30 ACIPHEX 20MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PAGE 69.

Decision rationale: The patient presents with chronic worsening lower back pain and left leg pain. The current request is for Aciphex 20mg #30. The treating physician restarted Aciphex due to G/I pain. The MTUS guidelines on p69 states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient has been taking Celebrex long term and the treater has recommended a proton pump inhibitor to help with dyspepsia. Recommendation is for authorization.