

Case Number:	CM14-0018905		
Date Assigned:	04/23/2014	Date of Injury:	12/30/1999
Decision Date:	07/03/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Medicine 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:

This injured worker's date of injury is 12/30/1999. This patient injured his back and both knees at the time of the original injury. On the outpatient visit note dated 02/03/14 the treating clinician states the patient's chief complaint is ankle swelling and concern about a spot on the tongue. Patient is opioid dependent and takes Norco and diclofenac for chronic low back pain. The patient takes Provigil for daytime drowsiness. The recording of the physical exam is sparse. The patient weighs 289 lbs and is 6 feet 1.5 inches in height (BMI 37), indicating obesity. The treating clinician is requesting coverage of Qsymia 15mg, 92mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

QSYMIA 15MG, 92MG #84: 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 UPTODATE: Drug Treatment Of Obesity, Accessed Online; Author George Bray, Md.

Decision rationale: This patient receives treatment for chronic pain, a mood disorder, hypertension, hypothyroidism, and daytime drowsiness. The medications include: an NSAID, an

opioid, replacement thyroid, and a stimulant. The patient has obesity. There is no documentation what strategies and counseling have been tried and failed before. Qsymia is a combination medication containing phentermine (a sympathomimetic drug) and topiramate (an anti-convulsant). Given the patient's hypertension, a cardiac assessment needs to be documented as well. Sympathomimetic agents are contraindicated in patients with heart disease, especially coronary disease. Experts in the treatment of obesity recommend a physician supervised weight loss program of caloric restriction and exercise be used before embarking on a program of prescription agents for weight loss. Based on the clinical information presented in this case, the request for Qsymia is not medically necessary.