

Case Number:	CM14-0132383		
Date Assigned:	09/08/2014	Date of Injury:	10/30/2006
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal 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:

The patient is a 42 year old female who was injured on 10/20/2006. The mechanism of injury is unknown. Prior medication history included Duragesic, Norco, phentermine, and pravastatin. Progress report dated 08/01/2014 indicates the patient presented with complaints of low back pain and back stiffness. The pain was rated as 3/10. He was having neck pain bilaterally and rated the pain as 9/10. The pain is a burning, sharp, shooting pain. On exam, the patient weighed 273 lbs with a BMI of 44 and height of 5 ft 6 in. The patient moved stiffly during the exam. His muscle strength was 5-/5. Sensation was decreased on the left at S1 and L5 dermatomes. He had pain to palpation over the C4-C7, T1 facet capsules. The patient is diagnosed with head trauma and immediate cervical and lumbar spinal pain with facet capsular tears of the cervical and lumbar spine; posterior occipital and anterior cranial headaches; bilateral carpal tunnel syndrome; bilateral medial epicondylitis. The patient was diagnosed with Duragesic patches to help with chores around the house; and phentermine 37.5 mg to help patient with weight loss as he is unable to exercise with his back pain. The patient's weight as of 04/04/2014 was noted to be 274 lbs with a BMI of 44. Prior utilization review dated 08/12/2014 states the request for Phentermine 37.5mg #30 plus 3 refills is denied as medical necessity has not been established; and Duragesic 50mcg/hour film #15 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5mg #30 plus 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Opioids

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: <http://www.webmd.com/drugs/2/drug-4151/phentermine-oral/details>

Decision rationale: CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend phentermine as an option for short-term use in obese patients in conjunction with a comprehensive weight management program. The clinical documents state the patient has been on phentermine for several years. There was an insufficient discussion of a comprehensive weight management program. His weight has fluctuated and he has gained more than 20 pounds over the previous year. The patient has had a sufficient trial of phentermine therapy and has not shown significant reduction in weight or benefit. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Phentermine is not medically necessary.

Duragesic 50mcg/hour film #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), & Fentanyl transdermal (Duragesic; generic available).

Decision rationale: The CA MTUS guidelines state that duragesic is not recommended as first-line therapy. The guidelines state duragesic may be used for chronic pain when other forms of pain control are not sufficient. The clinical documents did not clearly discuss the other forms of pain control which have failed. It is not evident why other forms of opioids such as long acting oral pills are ineffective. Additionally, the documents did not sufficiently discuss a significant improvement in ADLs and pain control, both of which are required to justify chronic opioid therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Duragesic is not medically necessary.