

Case Number:	CM14-0025560		
Date Assigned:	06/13/2014	Date of Injury:	09/01/2009
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine 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 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 50 year old individual who had a work related injury on 09/01/09. The original mechanism of injury was not documented. But the injury resulted in bilateral foot pain. The injured worker underwent a four year course of treatment for bilateral foot complaints, a comprehensive and detailed description of treatment to date was not provided. Despite the four years of treatment, the injured worker remained symptomatic and functionally impaired and unable to return to work duties. A request was made for weight loss medication phentermine. The most recent progress note dated 05/08/14 noted the patient had lost 15 pounds in two months after diet change (no red meat or fried foods, limited carbohydrate intake, and increase in vegetables) and phentermine 37.5mg once daily. The injured worker was still complaining of bilateral foot and ankle pain which was constant numbness and tingling, more pain on side of her left foot, muscle spasms left greater than right from Achilles tendon to calves, and frequently felt like heel bone was touching the ground, hurt to walk on cement, swelling bilaterally with walking and standing. Diagnosis include bilateral plantar fascial fibromatosis, and bilateral Achilles tendonitis. There was no documentation of the weight of the patient on progress note 05/08/14. Previous recommendations or previous progress notes 02/14/14 weight 197, 02/27/14 weight 196. The request was for phentermine HCl 37.5mg quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHENTERMINE HCL 37.5MG QTY: 1.00: 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:Physician's Desk Reference: 2013.

Decision rationale: The clinical documentation does not support the request for Phentermine. Even though there is a note of 15 pound weight loss in 2 months, there was no documentation of weight during the office visit. Additionally, there is no documentation of supervised weight loss program. Therefore, the request for Phentermine HCL 37.5 mg, quantity 1 is not medically necessary and appropriate.