

Case Number:	CM14-0075136		
Date Assigned:	07/18/2014	Date of Injury:	11/17/2005
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 & Rehabilitation 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 injured worker is a 68 year old male who sustained injuries on June 1, 2001 and November 18, 2005. He is diagnosed with lumbar spine sprain/strain with radiculopathy and right knee patellofemoral arthralgia. He was seen on April 8, 2014 for an evaluation. He complained of increased right knee and low back pain. An examination of the lumbar spine revealed tenderness and spasm over the paravertebral musculature, which was greater on the right side than left. Muscle guarding was present and the injured worker's leg raising test elicited low back pain. An examination of the right knee revealed tenderness over the medial joint line. Crepitus was present and his grind test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIETHYLPROPION HCL TABLETS CONTROLLED RELEASE 75MG: 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 Evidence-Based Criteria Cited By Expert Reviewer: World Gastroenterology Organisation (WGO). World Gastroenterology Organisation global guideline: obesity.

Decision rationale: Alternative evidence-based guidelines have been sought as the California Medical Treatment Utilization Schedule and the Official Disability Guidelines have no specifications regarding Diethylpropion Hydrochloride. According to the National Guideline Clearinghouse, this medication is indicated for obesity. The reference recommends that first step treatment for obesity must be applied. This includes diet, lifestyle and behavioral modification, and exercise. If at least 5% to 10% weight loss is not attained in six months, medication can be provided in addition to the first step treatment. A review of the medical records revealed no documentation of failure of first step treatment. Hence, Diethylpropion Hydrochloride is not medically necessary.fM