

Case Number:	CM14-0086308		
Date Assigned:	07/23/2014	Date of Injury:	02/29/1996
Decision Date:	09/12/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/09/2014

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 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:

There were 31 pages for review. The request for independent medical review was signed on June 6, 2014. Per the records provided, the patient is a 56-year-old man who was injured on February 7, 2001. As of April 15, 2014, the patient was losing a lot of weight but had a local penile infection. Hypertension and diabetes are better controlled. His weight was 221 and the blood pressure was 142/73. His diagnoses were hypertension, asthma, anxiety, insomnia, erectile dysfunction, benign prostatic hyperplasia, homocystinemia, dyslipidemia, obesity, depression and chronic low back pain. He has been on phentermine since 2009. It was not apparent that the phentermine was successful at weight reduction. A risk of this medicine is stroke, and the risk of stroke had to be evaluated. There was a treating physicians report or PR-2 provided by Dr. [REDACTED]. His back is stiff and sore. He is upset that he is not losing weight. He feels more depressed. There is no chest pain, cardiac palpitations, dizziness or syncope. The plan was for the medicines that were requested. The diagnoses were hypertension, type II diabetes, controlled asthma, anxiety insomnia, erectile dysfunction, obesity, benign prostatic hypertrophy, hyperhomocystinemia and dyslipidemia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ibuprofen 400mg, #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest doses, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately not medically necessary.

1 Prescription for Flurazepam 15mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic), Benzodiazepines.

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

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline.

1 Prescription of Phentermine HCL 37.5mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention and Management of obesity (mature adolescents and adults), Bloomington (MN): Institute for Clinical Systems Improvement (ICSI), 2011 Apr. 98 p. (295 references).

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 Desk Reference, under Phentermine.

Decision rationale: This medicine is not addressed in MTUS or the ODG guidelines. Per the Physician Desk Reference, 2014 edition, Phentermine can be used for weight loss. However, in the years of use, there has not been any further demonstrated weight loss, so there is no continued benefit from the medicine. The risks of the medicine are now far outweighing any benefit of weight loss. The request was appropriately not medically necessary.

1 Prescription of Folbic 2.5/25/2mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disorders of lipid metabolism, Evidence-based nutrition practice guideline, Chicago (IL): American Dietetic Association, 2011 Mar. 149 p. (530 references).

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

Decision rationale: B 384 (Folbic 2 MG-2.5 MG-25 MG) is a multivitamin. Folbic is used in the treatment of dietary supplementation; hyperhomocysteinemia and belongs to the drug class vitamin and mineral combinations. It contains pyridoxine, cyanocobalamin and folic acid. These are forms of Vitamin B. The ODG notes B vitamins are not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Medicines that are not tested as being effective should not be used on this claimant. The request was appropriately not medically necessary.

1 Prescription of Invokana 300mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational).

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 Desk Reference, 2014 edition.

Decision rationale: The MTUS and ODG are silent on this medicine. Invokana (canagliflozin) per the Physician Desk Reference is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Is not recommended in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. It is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are not adequately controlled on a regimen containing metformin or canagliflozin, or in patients who are already treated with both canagliflozin and metformin. In this case, I did not see a use of the medicine for injury treatment. Further, the rest of the claimant's diabetic regimen is not

specified, and so it can not be determined if the criteria for proper use of this diabetic agent are met. The request was appropriately not medically necessary.