

Case Number:	CM14-0098520		
Date Assigned:	09/16/2014	Date of Injury:	08/09/1999
Decision Date:	02/25/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old male with an injury date on 8/9/99. The patient complains of increased lower back pain, neck pain, and bilateral leg pain, left > right, overall pain rated 7/10 per 4/21/14 report. The patient's cervical pain radiates into the right side/shoulder and to the right hand per 4/21/14 report. The patient is ambulating with a cane, and states that standing/walking cause severe pain per 4/21/14 report. The patient also has increased hip pain, left > right, and has tingling in his left leg per 3/13/14 report. Based on the 4/21/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spondylosis without myelopathy. 2. displacement lumbar disc without myofascial. 3. degeneration cervical intervetebral disc. 4. degeneration of lumbar/lumbosacral intervertebral disc. 5. brachial neuritis/radiculitis. 6. Lumbago. 7. thoracic/lumbosacral neuritis/radiculitis8. unspecified myalgia and myositis. 9. Cervicalgia. A physical exam on 4/21/14 showed " No new neurological deficits." "Straight leg raise positive on the right per 11/22/13 report. Otherwise healthy appearing male, states 11/22/13 report. No range of motion testing was provided in documentation. The patient's treatment history includes medications, MRI L-spine, walking aids, urine drug screen. The treating physician is requesting phentermine 37.5mg. The utilization review determination being challenged is dated 6/4/14. The requesting physician provided treatment reports from 11/1/13 to 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com

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: Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs. Number: 0039.

Decision rationale: This patient presents with lower back pain, bilateral leg pain, neck pain, right shoulder/hand pain, headache. The treating physician has asked for PHENTERMINE 37.5MG on 4/21/14. The patient has been on Phentermine since 11/22/13 report. The 4/21/14 report states to continue Phentermine use, because "patient [is] losing weight." Phentermine is a psychostimulant drug of the phenethylamine class, with pharmacology similar to amphetamine and FDA approved for weight-loss. ACOEM, MTUS, and ODG are silent regarding Phentermine. Aetna Policy Bulletin recommends weight reduction medications for patients who have failed to lose at least one pound per week after at least 6 months on a weight loss regimen that includes a low calorie diet, increased physical activity, and behavioral therapy, and who meet either of the following selection criteria below: Member has a body mass index** (BMI) greater than or equal to 30 kg/m; or member has a BMI greater than or equal to 27 kg/m with any of the following obesity-related risk factors considered serious enough to warrant pharmacotherapy: Coronary heart disease, Dyslipidemia, Hypertension, Obstructive sleep apnea, Type 2 diabetes mellitus. In this case, the patient has a chronic pain condition. Review of reports do not show any evidence the patient is obese or has a BMI greater than 30kg/m, and there is no documentation the patient has failed a weight loss regimen of 6 months which has included reduce caloric intake, increased physical activity, or behavioral therapy as per Aetna Policy Bulletin. The requested Phentermine IS NOT medically necessary.