

Case Number:	CM15-0108426		
Date Assigned:	06/15/2015	Date of Injury:	04/11/2008
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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 & Rehabilitation

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 26 year old female who sustained an industrial injury on 04/11/2008. The injured worker was diagnosed with coccydynia, lumbar degenerative disc disease, depression and anxiety. The injured worker underwent coccygectomy and osteotomy of the distal sacrum in August 2009. Treatment to date includes diagnostic testing, surgery, physical therapy, steroid injections, Toradol intramuscularly, psychological evaluation and treatment and medications. According to the primary treating physician's progress report on March 20, 2015, the injured worker continues to experience low back pain radiating to both lower extremities, headaches, neck pain with right upper extremity weakness and numbness and sleep deprivation. Examination of the thoracolumbar spine demonstrated paraspinal and paravertebral muscle spasms and tenderness over the sacral spinous process. Range of motion was decreased with positive straight leg raise and Kemp's test bilaterally. The documentation provided a weight of 159 pounds and 5 feet 4 inches. Current medications are listed as Tylenol #4, Gabapentin, Phentermine and Compazine. Treatment plan consists of continuing to follow-up with pain management, psychiatry and internal medicine, physical therapy for the lumbar spine and the current request for Phentermine and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5mg: 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 ODG, Obesity, page 320.

Decision rationale: Phentermine HCL is used to suppress the appetite and stimulates the satiety brain center. Although MTUS/ACOEM are silent on weight loss treatment, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction medication is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss treatment Program in a patient with chronic pain. The long term effectiveness of weight loss, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss treatment that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this chronic injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss medication intervention. There is no specific weight gain documented in comparison to initial weight at date of injury. The provider has not identified what specifics of supervision or treatment planned. Current BMI is 27.3 and is not considered in the obese category. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained functionally unchanged for this chronic injury of 2008. The Phentermine 37.5mg is not medically necessary and appropriate.

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Valium (Diazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury of 2008. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Valium 10mg #60 is not medically necessary and appropriate.