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| Case Number: | CM15-0039345 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 08/09/1999 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on August 9, 1999. He has reported lower back pain, neck pain, headache, and bilateral shoulder pain. Diagnoses have included brachial neuritis/radiculitis, cervicalgia, displacement of lumbar spine disc, lumbosacral degenerative disc disease, thoracic/lumbosacral neuritis/radiculitis, lumbago, cervical spine spondylosis, and cervical spine degenerative disc disease. Treatment to date has included medications, exercise, use of a cane, and imaging studies. A progress note dated January 22, 2015 indicates a chief complaint of increased neck, lower back, and bilateral leg pain, right shoulder pain radiating to the hand, headache, and sleep difficulties. The treating physician documented a plan of care that included exercise, physical therapy and prescriptions for Phentermine and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine cap 37.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com; <http://www.medicinenet.com/phentermine/article.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: Phentermine cap 37.5mg #60 is not medically necessary. The CA MTUS and ODG does not address the medical necessity for Phentermine. The physician desk reference states that Phentermine is FDA approved for morbid obesity as a way to suppress appetite and increase metabolism it is also used to treat attention deficit disorder also known as ADD. The medical records do not provide adequate evidence of the ADD or morbid obesity through the calculation of basal metabolic index (BMI); therefore the requested therapy is not medically necessary.

Viagra tab 50mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patricia A Cloe Peter D. Friedman, and Michael D. Stein, Erectile Dysfunction in Opioid Users: Lack of Association with Serum Testosterone. J Addict Dis. 2010 October, 29(4): 455-460.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: Viagra tab 50 mg # 10 is not medically necessary. The CA MTUS and ODG does not address the medical necessity for Viagra. The physician desk reference states that Viagra is FDA approved for the treatment of erectile dysfunction (ED), for treatment of signs and symptoms of benign prostatic hyperplasia and for the treatment of ED and the signs and symptoms of BPH. The medical records do not provide adequate evidence of the patient erectile dysfunction with penile ultrasound or rule out medication or co-morbid associated erectile dysfunction; therefore the requested therapy is not medically necessary.