

Case Number:	CM14-0166027		
Date Assigned:	10/13/2014	Date of Injury:	11/12/2008
Decision Date:	12/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/08/2014

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 Preventive 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:

According to the records made available for review, this is a 37-year-old female with an 11/12/08 date of injury. At the time (8/21/14) of the request for authorization for Phentermine tab 37.5mg day supply: 30 QTY: 60 Refills: 2 and Tizanidine cap 4mg day supply: 30 QTY: 60 Refills: 00, there is documentation of subjective (increased left foot and ankle pain, increased swelling with discoloration to the foot) and objective (color changes of left lower extremity, positive allodynia, antalgic gait, and body mass index (BMI) 38.4) findings, current diagnoses (unspecified myalgia and myositis, pain in joint ankle & foot, reflex sympathetic dystrophy lower limb, and spasm of muscle), and treatment to date (medication including Tizanidine for over a year and a weight loss program).

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine tab 37.5mg day supply: 30 qty: 60 refills: 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Phentermine Extended Release Prescribing Information, Professional Monograph (FDA) (<http://www.drugs.com/pro/phentermine-extended-release.html>)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies Phentermine is indicated as a short-term (a few weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index 30 kg/m², or 27 kg/m² in the presence of other risk factors (e.g., controlled hypertension, diabetes, hyperlipidemia). Within the medical information made available for review, there is documentation of diagnoses of unspecified myalgia and myositis, pain in joint ankle & foot, reflex sympathetic dystrophy lower limb, and spasm of muscle. In addition, there is documentation of BMI 30 kg/m². However, given the requested Phentermine 37.5mg every day 1 yr on 2 M off 1 M, despite documentation of treatment to date (a weight loss program), and, there is no documentation that Phentermine will be used as a short-term (a few weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Tizanidine cap 4mg day supply: 30 qty: 60 refills: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of unspecified myalgia and myositis, pain in joint ankle & foot, reflex sympathetic dystrophy lower limb, and spasm of muscle. However, there is no documentation of spasticity. In addition, given documentation of treatment with Tizanidine for over a year, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tizanidine use to date; and intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine cap 4mg day supply: 30 QTY: 60 Refills: 00 is not medically necessary.