MAXIMUS Federal Services

Case Number:	CM14-0150941		
Date Assigned:	10/17/2014	Date of Injury:	10/30/2006
Decision Date:	06/04/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 30, 2006.In a Utilization Review report dated September 11, 2014, the claims administrator failed to approve a request for phentermine. A February 7, 2014 progress note was referenced in the determination. The claims administrator noted that the applicant had significant comorbidities which included obesity, diabetes, depression, and anxiety, it was reported. The claims administrator also contended that previous usage of phentermine had not proven altogether beneficial, suggesting that the applicant had failed to lose significant amounts of weight with the same. The applicant's attorney subsequently appealed. On July 2, 2014, the applicant reported multifocal complaints of neck and low back pain. The applicant's medication list as of this date included Norco, Topamax, Pravachol, phentermine, Wellbutrin, Duragesic, and Zanaflex, it was reported. The applicant was severely obese, with a BMI of 44 based on a height of 5 feet 6 inches and a weight of 272 pounds. Derivative complaints of psychological stress, anxiety, and depression were evident. Multiple medications were renewed, including the phentermine at issue. The applicant was placed off of work, on total temporary disability. In an earlier note dated February 7, 2014, the applicant was, once again, described as using Duragesic, Norco, phentermine, Pravachol, Topamax, Wellbutrin, and Zanaflex. The applicant's BMI was 44, based on a height of 5 feet 6 inches and a weight of 275 pounds. Multiple medications were renewed while the applicant was kept off of work, on total temporary disability. On June 30, 2014, the applicant weighed 274 pounds, resulting in a BMI of 44. On August 1, 2014, the applicant weighed 273 pounds,

resulting in a BMI of 44. The claims administrator's medical evidence log suggested that the August 1, 2014 progress note in fact represented the most recent progress note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine 37.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS AND USAGE ADIPEX-P® is a sympathomimetic amine anorectic indicated as a short-term adjunct (a few weeks) 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).

Decision rationale: No, the request for phentermine was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the specific condition for which it has been prescribed into his choice of recommendations so as to ensure proper use and to manage expectations. Here, however, the applicant had been using phentermine, which, per the Food and Drug Administration (FDA), is an anorexic agent indicated as a short-term adjunct to a regimen of weight reduction, for a minimum of six months. The applicant, however, failed to demonstrate a favorable response to the same. On an office visit of August 1, 2014, the applicant was described as severely obese, with a BMI of 44 based on a height of 5 feet 6 inches and a weight of 273 pounds. In an earlier note dated February 7, 2015, the applicant weighed 275 pounds. It did not appear, in short, that the applicant had effected significant weight loss which would justify ongoing usage of phentermine. Continued usage of phentermine, furthermore, would run counter to the FDA label, which suggests that phentermine is indicated for no more than a few weeks of therapy. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the attending provider failed to furnish a compelling rationale for continued usage of phentermine (Adipex) in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.