

Case Number:	CM15-0007809		
Date Assigned:	01/30/2015	Date of Injury:	09/11/2007
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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:

This 54 year old female sustained an industrial injury on 9/11/07. She subsequently reports chronic low back pain, left leg pain and bilateral carpal tunnel syndrome. An MRI dated 7/30/14 revealed abnormalities of the lumbar spine. Current treatments include pain medications. The UR decision dated 1/22/14 non-certified 1. Phentermine 37.5 MG #60; 2. TN 1 Cream; 3. Lyrica 75 MG #60; 4. Prilosec 20MG #30. The Phentermine 37.5 MG #60 denial was based on the lack of indications in the ACOEM, CA MTUS and ODG guidelines. The Lyrica 75 MG #60 and Prilosec 20MG #30 were denied based on CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Phentermine 37.5 Mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com, Phentermine Editor's Pick

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna on Weight Loss Programs

Decision rationale: This patient presents with low back, left leg pain and bilateral carpal tunnel syndrome. The treater is requesting MED PHENTERMINE 37.5 MG QUANTITY 60. The RFA dated 12/15/2014 shows a request for phentermine 37.5 mg one half to one PO BID quantity 30. The patient's date of injury is from 09/11/2007 and she is currently working. The MTUS, ACOEM and ODG Guidelines do not address this request. However, Aetna states that weight reduction medications are considered medically necessary for members who have failed to lose at least 1 pound per week after at least 6 months on a weight loss regimen. In addition, Aetna includes the following criteria: Member has a body mass index of greater than or equal to 30 kg/m² or member has BMI greater than or equal to 27 kg/m² and any of the obesity related risk factors including coronary heart disease, dyslipidemia, etc. The records show that the patient was prescribed phentermine on 07/30/2014. The 11/19/2014 report shows that the patient is 5'6" and 190 pounds with a BMI of 30.7. There are no discussions regarding the patient's current weight-loss regimen, how much weight the patient has lost and what programs have been tried. In this case, the patient does not meet the criteria set forth by AETNA for weight loss medications. The request IS NOT medically necessary.

TN 1 Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 68, 99, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with low back, left leg pain and bilateral carpal tunnel syndrome. The treater is requesting TN 1 CREAM. The RFA dated 12/15/2014 shows a request for TN 1 cream to back/wrist. The patient's date of injury is from 09/11/2007 and she is currently working. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The medical records reviewed show that the patient was prescribed TN 1 cream on 09/24/2014. None of the reports discuss medication efficacy as it relates to the use of this cream. There is no discussion as to the ingredients of this cream. MTUS page 8 also requires that the treater monitor the progress to determine appropriate course of treatment including increased levels of function, decreased pain or improve quality of life. Given the lack of functional improvement while utilizing this cream, the request IS NOT medically necessary.

Lyrica 75 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-20.

Decision rationale: This patient presents with low back, left leg pain and bilateral carpal tunnel syndrome. The LYRICA 75 MG QUANTITY 60. The RFA dated 12/15/2014 shows a request for Lyrica 75 mg BID quantity 60. The patient's date of injury is from 09/11/2007 and she is currently working. The MTUS Guidelines page 19 and 20 on Lyrica states, "Has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Lyrica on 07/30/2014. None the reports provided note medication efficacy. The MTUS guidelines page 60 require documentation of functional improvement while utilizing medications used for chronic pain. The request IS NOT medically necessary.

Prilosec 20MG #30: 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 NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with low back, left leg pain and bilateral carpal tunnel syndrome. The treater is requesting PRILOSEC 20 MG QUANTITY 30. The RFA dated 12/15/2014 shows a request for Prilosec 20 mg 1 PO QD quantity 30. The patient's date of injury is from 09/11/2007 and she is currently working. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 07/30/2014. Treatment reports from 07/30/2014 to 01/14/2015 do not show gastrointestinal events or issues. In this case, the routine use of PPI is not supported by the MTUS guidelines. The request IS NOT medically necessary.