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| Case Number: | CM15-0116838 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 08/07/2009 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: Texas, Florida, 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 injured worker is a 38 year old female who sustained an industrial injury on 8/7/09 from a trip and fall injuring her right ankle. She was medically evaluated, had a closed reduction and was placed in a short leg cast. X-rays showed a comminuted fracture of the distal tibia and fibula extending into the ankle mortise at multiple locations. Surgery was done on 8/19/09 with open reduction. She developed an infection, on 3/16/10, hardware was removed, and external fixation was done. She had a fusion and arthrodesis done on 7/14/10. She currently complains of right ankle pain and swelling. She has gained 18 pounds since the injury. Medication is gabapentin. Norco had been stopped. Diagnoses include chronic pain syndrome; morbid obesity; diabetes; closed ankle fracture. In the progress note dated 5/13/15 the treating provider's plan of care includes request for phentermine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phentermine HCL 37.5mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Physicians. Ann Intern Med 2005 Apr 5; 142 (7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, under Obesity and weight loss.

Decision rationale: In summary, this claimant was injured six years ago from a trip and fall injuring her right ankle. She had a closed reduction and was placed in a short leg cast. X-rays showed a comminuted fracture of the distal tibia and fibula extending into the ankle mortise at multiple locations. There was an ORIF in 2009. She then developed an infection, on 3/16/10, hardware was removed, and external fixation was done. She had a fusion and arthrodesis done on 7/14/10. There is continued right ankle pain and swelling. She gained 18 pounds since the injury. Medication was gabapentin. Other weight loss attempts are not noted. Both the MTUS-ACOEM and the ODG-TWC guides are silent on opinions regarding weight loss via Phentermine or other means. The Medical Disability Advisor notes many ways to lose weight, including drug therapy: "The five medically accepted treatment modalities are diet modification, exercise, behavior modification, drug therapy, and surgery. All these modalities, alone or in combination, are capable of inducing weight loss sufficient to produce significant health benefits in many obese individuals. Calorie restriction has remained the cornerstone of the treatment of obesity. The standard dietary recommendations for losing weight include reducing total calorie intake to 1,200 to 1,500 calories per day for women, and to 1,500 to 1,800 calories per day for men ("Obesity"). Saturated fats should be avoided in favor of unsaturated fats, but the low-calorie diet should remain balanced. Keeping a food journal of food and drink intake each day helps individuals to stay on track. The addition of an exercise program to diet modification results in more weight loss than dieting alone and seems especially helpful in maintaining weight loss and preserving lean body mass. Moderate activity (walking, cycling up to 12 miles per hour) should be performed for at least 30 minutes per day, 5 days a week or more. Vigorous activity that increases the heart rate (jogging, cycling faster than 12 miles per hour, and playing sports) should occur for at least 20 minutes, 3 days a week or more. Although vigorous workouts do not immediately burn great numbers of calories, the metabolism remains elevated after exercise. The more strenuous the exercise, the longer the metabolism continues to burn calories before returning to its resting level. Although the calories lost during the postexercise period are not high, over time they may count significantly for maintaining a healthy weight. Included in any regimen should be resistance or strength training 3 or 4 times a week. Even moderate regular exercise helps improve insulin sensitivity and in turn, helps prevent heart disease and diabetes. Exercising regularly is critical because it improves psychological well-being, replaces sedentary habits that usually lead to snacking, and may act as a mild appetite suppressant. Behavior modification for obesity refers to a set of principles and techniques designed to modify eating habits and physical activity. It is most helpful for mildly to moderately obese individuals. One frequently used form of behavior modification called cognitive therapy is very useful in preventing relapse after initial weight loss." None of these MDA measures requires a medicine such as Phentermine; therefore, it is not possible to say this medicine is essential for clinical objectives. Further, the outcomes of the other measures are not noted before moving on to a medicine with significant side effects. The request is appropriately not certified.