

Case Number:	CM14-0123010		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2001
Decision Date:	12/04/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 in Internal 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:

The patient is an injured worker who is status post bilateral lower leg amputations. Date of injury was 08-16-2001. Mechanism of injury was motor vehicle accident. Diagnoses included neuroma bilateral distal above knee amputation, above knee amputation traumatic, overuse arthritis of bilateral shoulders, cervical spine, and lumbar spine. Medical history included post-traumatic stress syndrome, bilateral carpal tunnel syndrome, major depressive disorder, and bilateral lateral epicondylitis. The progress report dated 07/11/14 documented subjective complaints of neuropathic pain and issues concerning the shoulders, neck, and low back. Physical exam findings included reduced neck range of motion, reduced cervical lordosis, lower cervical paraspinal muscle spasm; flattened lumbar spine, and crepitation over lower cervical spine and both shoulders. Current medications included Ambien, Cymbalta, Gabapentin, Glucosamine, Motrin, and Zoloft. Treatment plan included a request for Belviq 10 milligrams thirty day supply with 5 refills. Utilization review determination date was 7/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belviq 10mg tablets with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMEDHEALTH/pmht0014342/?REPORT=DETAILS](http://www.ncbi.nlm.nih.gov/pubmedhealth/pmht0014342/?REPORT=DETAILS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Belviq (Lorcaserin). FDA Prescribing Information Belviq (Lorcaserin). <http://www.drugs.com/pro/belviq.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Belviq (Lorcaserin). FDA guidelines state that Belviq is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m² or greater (obese). Response to therapy should be evaluated by week 12. Belviq is a serotonergic drug. The development of a potentially life-threatening serotonin syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions have been reported during use of serotonergic drugs, including, but not limited to, selective serotonin-norepinephrine reuptake inhibitors (SNRIs) and selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), bupropion, Triptans, dietary supplements such as St. John's Wort and tryptophan, drugs that impair metabolism of serotonin (including monoamine oxidase inhibitors [MAOIs]), dextromethorphan, lithium, tramadol, antipsychotics or other dopamine antagonists, particularly when used in combination. The progress report dated 7/11/14 documented current medications including Ambien, Cymbalta, Gabapentin, and Zoloft. FDA guidelines warn against the use of Belviq in combination with other serotonergic drugs. The progress reports dated 7/11/14 and 5/23/14 do not document weight or body mass index (BMI). Without documentation of weight or BMI, the prescription of Belviq is not supported. Therefore, the request for Belviq 10mg tablets with 5 refills is not medically necessary.