

Case Number:	CM14-0172711		
Date Assigned:	10/23/2014	Date of Injury:	09/23/2006
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 injured worker is a 39-year-old who reported an injury on 09/23/2006. The mechanism of injury was not provided. Diagnoses included diabetes. Past treatments included an indwelling insulin pump and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 07/23/2014 indicated the patient reported irregular blood sugars. The physician indicated he reviewed the findings of the insulin pump, and indicated that low blood sugars had been eliminated, and high blood sugars seemed to be related to bolus delivery of insulin. Current medications included Humulin regular. The treatment plan included Belviq 10 mg #60, Oxycontin 10 mg #90, and overnight oximetry (one night). The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belviq 10 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lorcaserin (Belviq)

Decision rationale: The request for Belviq 10 mg #60 is not medically necessary. The Official Disability Guidelines indicate that Belviq is under study. The FDA has approved Lorcaserin for treatment of obesity. The drug is approved for use in adults with a body mass index of 30 or greater, and who have at least 1 weight related condition, including type 2 diabetes. The clinical note dated 07/23/2014 indicated the patient's BMI was 41.3, and was using an indwelling insulin pump. The patient may benefit from a weight loss medication like Belviq; however, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Belviq 10 mg #60 is not medically necessary.

Oxycontin 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Oxycontin 10 mg #90 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patient's on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions, and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated the patient had been taking the requested medication since at least 05/2014. There is a lack of documentation of medical necessity of Oxycontin, including quantified pain relief, functional improvement, and the objective assessment for any nonadherent drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Oxycontin 10 mg #90 is not medically necessary.