

<b>Case Number:</b>	CM15-0200205		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 4, 2015. In a Utilization Review report dated September 19, 2015, the claims administrator failed to approve a request for Belviq. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 19, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant reported 8/10 pain complaints nevertheless. The applicant had reportedly lost 25 pounds. The applicant was not working, the treating provider acknowledged. The applicant's medications included Belviq, Cymbalta, naproxen, enalapril, glyburide, and Metformin, it was reported. The applicant stood 6 feet 2 inches tall and weighed 262 pounds, the treating provider reported. It was stated in one section of the note that the applicant was already using Belviq and had reportedly lost 25 pounds over the preceding 4 months. Belviq was seemingly renewed on the grounds that the applicant was responding favorably to the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Belviq 10mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approves Belviq to treat some overweight or obese adults. N.p., n.d. web. 17 Sept, 2015.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation U.S. Food and Drug Administration INDICATIONS AND USAGE BELVIQ is a serotonin 2C receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of: 30 kg/m<sup>2</sup> or greater (obese) (1) or 27 kg/m<sup>2</sup> or greater (overweight) in the presence of at least one weight-related comorbid condition, (e.g., hypertension, dyslipidemia, type 2 diabetes) (1).

**Decision rationale:** Yes, the request for Belviq was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider stated on the August 19, 2015 office visit at issue that the applicant had responded favorably to introduction of Belviq and had reportedly lost 25 pounds in the 4 months following introduction of the same. Continuing the same, on balance, was indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that Belviq is indicated as an adjunct to diet and exercise for applicants with BMI of greater than 30 or BMI of 27 with comorbidities. Here, the applicant was described on August 19, 2015 as standing 6 feet 2 inches tall and weighing 262 pounds, resulting in a BMI of 33.6. The applicant was seemingly diabetic and hypertensive, the treating provider reported on that date. Continued usage of Belviq was, thus, indicated in the clinical context present here, particularly in light of the applicant's seemingly favorable response to and loss of 25 pounds following introduction of the same. Therefore, the request was medically necessary.