

Case Number:	CM15-0037927		
Date Assigned:	03/06/2015	Date of Injury:	07/23/1998
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female, who sustained an industrial injury on 7/23/98. She has reported back, shoulder, knee and ankle injuries. The diagnoses have included lumbar disc disease, lumbar radiculopathy, left knee internal derangement status post arthroplasty, low back pain, myofascial pain, bilateral ankle internal derangement status post sprain and obesity. Treatment to date has included medications, Epidural Steroid Injection (ESI), surgery, psychiatry and acupuncture. Surgery included left total knee arthroplasty. Currently, as per the physician progress note dated 11/7/14, the injured worker complains of right ankle, right arm and shoulder pain from shifting weight when walking due to problems putting weight on right knee. She admits to being depressed. Physical exam revealed left greater than right lower extremity edema, right knee unchanged range of motion, left knee extensor weakness without change and decreased range of motion right ankle and right shoulder secondary to pain. The injured worker ambulates with single point cane. The current medications were not noted. On 1/27/15 Utilization Review modified a request for Soma 350mg #90 modified to Soma 350mg #60 with 30 remaining tablets non certified for tapering of the medication, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines California Chronic Pain Medical Treatment Guidelines Muscle relaxants (for pain); Weaning of Medications pages 63, 124 were cited. On 1/27/15 Utilization Review non-certified a request for Belviq 10mg #60 and Morphine Sulfate (MS) Contin 30mg #60, noting the Official Disability Guidelines (ODG) - Diabetes (Type 1, 2 and Gestational) and the MYUS chronic pain guidelines California Chronic Pain

Medical Treatment Guidelines Opioids Dosing, Opioids Dosing Calculator pages 86-87 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines - Muscle relaxants (for pain); Weaning of Medications Page(s): 63, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA, page(s) Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for: Soma 350mg #90 is not medically necessary.

Belviq 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Diabetes (Type 1, 2 and Gestational).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lorcaserin (Belviq) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Lorcaserin (Belviq) “Under study. The FDA has approved lorcaserin (Belviq, Arena Pharmaceuticals, San Diego, CA) for the treatment of obesity. Lorcaserin has a moderate effect on weight loss, with a reduction of 3% to 4% of the individual's body weight, with better results in overweight and obese subjects with diabetes. The drug is approved for use in adults with a body mass index (BMI) of 30 or greater (obese), or adults with a BMI of 27 or greater (overweight) and who have at least one weight-related condition such as high blood pressure (hypertension), type 2 diabetes, or high cholesterol (dyslipidemia). (FDA, 2012) In this high quality RCT of lorcaserin for weight loss in type 2 diabetes mellitus, lorcaserin was associated with significant weight loss and improvement in glycemic control in patients with type 2 diabetes. Weight change was -4.5% with lorcaserin BID and -5.0% with lorcaserin QD vs. -1.5% with placebo. HbA(1c) decreased 0.9 with lorcaserin BID, 1.0 with lorcaserin QD, and 0.4 with placebo. (O'Neil, 2012).” There is no documentation that the patient is suffering from obesity. Therefore, the request is not medically necessary.

Morphine Sulfate (MS) Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines - Opioids Dosing, Opioids Dosing Calculator Page(s): 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear documentation of patient improvement in level of function and quality of life with previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. The patient has been taking narcotics without any substantial pain relief or functional benefits. Therefore, the request of Morphine Sulfate (MS) Contin 30mg #60 is not medically necessary.