

Case Number:	CM14-0144729		
Date Assigned:	09/12/2014	Date of Injury:	10/28/2004
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 injured worker is a 54-year-old male who reported an injury on 10/28/2004. The injured worker suffered traumatic brain injury after he was struck on top of the head by a plywood board and has since had organic brain syndrome and Parkinson's syndrome. The injured worker's treatment history included EGD, medications, CT scans, and physical therapy. The injured worker was evaluated on 08/13/2014 and it was documented the injured worker objective findings revealed a 10 pound weight loss, pain at top of thoracic spine where rods end and pain in left hip. The injured worker noted that Botox helped his back, lasting a few weeks. Objective findings included cervical lordosis straightening, spasm and pain to palpation over paraspinal muscles and trapezius areas, torticollis, could not walk on heels or toes, antalgic gait, and Romberg's sign was positive. Diagnoses included traumatic brain injury with secondary organic brain syndrome (OBS) and extrapyramidal symptoms, chronic failed back and neck syndrome, thoracic radiculopathy with pain, segmental dystonia of the spine, depression, anxiety, and paranoia with history of delusions, traumatic disruption of the knees from #2 in obesity. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Belviq 10mg #60 with 6 refills: 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 Official Disability Guidelines (ODG) Diabetes, Lorcasein (Belviq)

Decision rationale: The request for Belviq 10 mg # 60 with 6 refills is not medically necessary. According to Official Disability Guidelines (ODG) Belviq is under study. The FDA has approved Lorcasein ([REDACTED]) for the treatment of obesity. Lorcasein 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). The injured worker has a BMI of 32, which recommends him for weight loss medication. However, the guidelines state that Belviq is under study. Additionally, the request submitted failed to indicate frequency and duration of medication. As such, the request for Belviq 10 mg is not medically necessary.

12 sessions of pool therapy and paddles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy & Physical Medicine Page(s): 22 & 99.

Decision rationale: The request for 12 sessions of pool therapy and paddles is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines recommend aqua therapy as an optional form of exercise therapy, where available as alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is especially recommended when reduced weight bearing is desirable, for example, extreme obesity. Physical medicine guidelines recommend a total of 9-10 visits over 8 weeks for myalgia and myositis, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis there was mentioned of a home exercise program for the injured worker. Furthermore, the documentation lacked the injured worker long-term goals. The request submitted for the pool therapy exceeds the recommended amount of visits per the guidelines. Given the above, the request for pool therapy sessions is not medically necessary.