

Case Number:	CM14-0099429		
Date Assigned:	07/28/2014	Date of Injury:	12/08/1996
Decision Date:	10/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 34-year-old female was reportedly injured on December 8, 1996. The mechanism of injury is noted as an assault. The most recent progress note dated January 31, 2014, indicates that there are ongoing feelings of paranoia about her or her children being harmed by an intruder. There were reported bouts of depression, irritability and poor sleep. It was stated that group therapy help the injured employee examine her fears. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes group therapy and medications. A request was made for Belviq and was not certified in the pre-authorization process on June 20, 2014.12617

IMR ISSUES, DECISIONS AND RATIONALES

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

Belviq 10mg, Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a613014.html>

Decision rationale: According to the US Department of Health and Human Services, Psalm people, in their efforts to lose weight, turn to unproven dietary supplements (sometimes marketed as "fat burners" or appetite suppressants), which can have harmful side effects. Individuals interested in a weight loss program should talk with their health care provider, who can assess your weight and health risks, determine whether you need to lose weight, and provide information that will help you make informed decisions about an effective weight-loss program. Without a stated necessity for the need of this medication, this request for Belviq is not medically necessary.