

<b>Case Number:</b>	CM15-0120587		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/23/1998
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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 injured worker is a 63 year old, female who sustained a work related injury on 7/23/98. The diagnoses have included left knee internal derangement, status post total knee arthroplasty, lower back pain due to gait dysfunction exacerbating myofascial pain and degenerative disc disease, insomnia, lower extremity edema, depression, obesity and hyperlipidemia. Treatments have included oral medications, acupuncture and an epidural steroid injection. In the PR-2 dated 3/25/15, the injured worker complains of left knee and low back pain. She rates pain level a 9-10/10. She complains that her right knee and ankle are painful and swell frequently. She states some days she is unable to get out of bed due to pain. She states acupuncture has been helpful if she goes twice a week. She is tearful. She has 1+ to trace left greater than right lower extremity edema, She has moderate lumbosacral paraspinal spasm. She is very depressed about her cholesterol, her weight and her pain. There is documentation of work status. The treatment plan includes requests for refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/25mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of Opioids, When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/25mg #180 is determined to not be medically necessary.

**Belviq 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Overweight and Obesity Working Group. VA/DoD clinical practice guideline of screening and management of overweight and obesity. Washington (DC): Department of Veterans Affairs, Department of Defense; 2014. 178 p.

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

**Decision rationale:** MTUS guidelines do not address the use of Belviq for the treatment of obesity. Per the ODG, Belviq is under study. The FDA has approved lorcaserin ( [REDACTED] ) 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). 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. Although interventions for weight loss may be indicated, and are supported by the cited guidelines, there is no indication that prescription medications would be more beneficial than a

weight loss program designed by the treating physician, or by a primary care provider. Additionally, there is no evidence that life-style modifications have been made in an effort to lose weight. The request for Belviq 10mg is determined to not be medically necessary.