

<b>Case Number:</b>	CM15-0144032		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/28/2004
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 10-28-04. He has reported initial complaints of a back, neck and head injury. The diagnoses have included chronic severe pain and spasm of the entire spine, status post global fusion, organic brain syndrome with frontal lobe syndrome, neurogenic bladder and new onset of leg weakness and sensory changes. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, and other modalities. Currently, as per the physician progress note dated 6-22-15, the injured worker is for follow up of chronic failed back and neck syndrome pain. He is status post global fusion approximately one year ago with placement of rods from T5-S1. The injured worker is cared for by his wife as he also sustained a head injury which left him encephalopathic with frontal lobe syndrome. The current medications included Baclofen, Oxycodone, Methadone, Tizanidine, Zantac, Emcyin, Motrin, CBZ, Flomax, Pantoprazole, Donezepil, Prazocin, Latuda, Valium, Temazepam, Pristiq, and Wellbutrin. The objective findings-physical exam reveals that he is obese. The cervical range of motion was limited to being almost nothing. There are palpable spasms of the thoracic muscles. The straight leg raise was positive at 45 degrees with the injured worker in recumbent position, there was profound scoliosis, there was spasm and tenderness of the paraspinal muscles, the back range of motion was nil and there was torticollis from spasm of the muscle. There was bilateral knee joint swelling and instability to movements on the right. The physician notes that his pain is constant and severe and leading to increased immobility and is recommending Botox to aid in mitigating the pain. He also recommends Belviq so that the injured worker can continue to lose weight and have a chance to be ambulatory

with a walker and with the ambulation and exercise hopefully reduce the pain. The physician requested treatments included Belviq 20mg, #30 with 6 refills and Botox 600 units.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Belviq 20mg, #30 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): Lorcaserin (Belviq).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lorcaserin.<http://www.drugs.com/mtm/lorcaserin.html>. Revision date: 8/4/2012.

**Decision rationale:** This Independent Medical Review is to determine the medical necessity of the weight loss drug Lorcaserin (Belvic). The use of weight loss drugs is not addressed by current MTUS guidelines, and therefore other sources were referenced. Utilization review has approved this medication for one prescription without refills given the patient's medical history. This patient is obese and disabled. This medication was requested in order to allow the patient to lose some weight and perhaps have a chance at exercising. Utilization review has fairly approved a one month prescription. Continuation of this medication will be based off of the patient's treatment success. This request for Belviq with 6 refills is not considered medically necessary.

**Botox 600 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**Decision rationale:** Botox injections are not usually recommended by MTUS guidelines unless they are being utilized as a part of a treatment plan that involves a functional restoration program. The documentation provided does not state that these Botox injections will be in conjunction with a functional restoration program. It is noted that this patient has previously had a Botox injection with some relief in symptoms, however it is also noted that the benefits derived were short lived. Likewise, this request for a Botox injection is not considered medically necessary.