

Case Number:	CM15-0062691		
Date Assigned:	04/08/2015	Date of Injury:	02/11/2013
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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 51 year old male, who sustained an industrial injury on 2/11/2013. He reported a slip and fall, twisting his right knee. The injured worker was diagnosed as having chondromalacia right knee and patella, status post right chondroplasty, right/left medial meniscal tear, morbid obesity, and hypertension. Treatment to date has included diagnostics, right knee surgery on 4/24/2013 and 10/21/2014, bracing, steroid injections, physical therapy, psychology, and medications. Magnetic resonance imaging of the left knee, dated 11/07/2014, was submitted. Currently, the injured worker complains of bilateral knee pain. Current medications included Prilosec, Ultram ER, Terocin, Voltaren, and Lorazepam. His body mass index was 42.38%, noting weight at 287 pounds. The treatment plan included Belviq. A progress note from 12/2014 documented weight at 284 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (updated 1/26/15).

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, “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). (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) Although the patient was diagnosed with obesity, there is no documentation of other comorbid condition such as HTN and diabetes. There is no evidence of failure of diet and exercise programs. Therefore, the request for BELVIQ 10mg #60 is not medically necessary.