

Case Number:	CM14-0206382		
Date Assigned:	12/18/2014	Date of Injury:	01/27/2012
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 72 year old female CAN with a date of injury of 01/27/2012. The lower back is the only accepted body part for this injury. She has neck pain and back pain. She has been treated with physical therapy, medications, shockwave treatment, epidural steroid injections, TENS unit and facet injections. On 08/14/2014 it was noted that she had myofascial pain syndrome. On 08/28/2014 she had decreased cervical and lumbar range of motion. There was paravertebral muscle spasm. Straight leg raising was positive bilaterally. She had cervical strain/sprain and lumbar strain/sprain with lumbar radiculopathy. She has a history of diabetes, hypertension, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Novofine 32G Needles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Victoza FDA approved package insert.

Decision rationale: The requested Novofine 32 g needles are for the administration of the requested Victoza. As noted in the next section, Victoza is not medically necessary. Thus, the needles used to administer Victoza are also not medically necessary.

Victoza 2 PAK 18mg/SML PE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Victoza FDA approved package insert.

Decision rationale: The patient is 72 years old and has hypertension, diabetes, anxiety and depression. Her treatment for diabetes is not documented. Victoza is for weight reduction. In 392 pages of clinical files that I just reviewed there is not one height or weight measurement noted. Thus, there is insufficient documentation to substantiate that the patient met FDA approved indications for Victoza for weight loss. Thus, Victoza and the needles used to administer this medication are not medically necessary.