

<b>Case Number:</b>	CM15-0162822		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: North Carolina  
 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 41 year old female, who sustained an industrial injury on September 22, 2003 while working as a service representative. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, back and bilateral shoulder and wrist complaints. The diagnoses have included cervical spine strain, thoracic spine strain, left shoulder impingement syndrome, lumbar spine stain, migraine headaches, fibromyalgia, chronic pain, malignant hypertension, depressive disorder, insomnia and work related obesity. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, psychiatric testing, psychotherapy, acupuncture treatments, cortisone injections, home exercise program, bilateral carpal tunnel release, bilateral cubital tunnel release, rotator cuff repair and a right rotator cuff redo. Medications include Avapro, Cardizem LA, Motrin, Norco, Lunesta and Trazodone. The injured worker was noted to be working full duty. Current documentation dated July 23, 2015 did not provide subjective complaints. Objective findings noted that the injured worker had hypertension and obesity due to her work related injuries. The treating physician's plan of care included a request for Saxenda 3 mg a day for work related obesity and to help treat work related hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Saxenda 3mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Saxenda HCP site, [www.saxendapro.com](http://www.saxendapro.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, saxenda.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is intended for weight management in obesity. The patient does not have this diagnosis due to industrial incident. There is also no documentation of failure of diet and exercise. Therefore the request is not medically necessary.