

Case Number:	CM15-0060500		
Date Assigned:	04/06/2015	Date of Injury:	12/21/2002
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 York
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on December 21, 2002. He has reported back pain and leg pain. Diagnoses have included diabetes mellitus, lumbar disc disorder, and sacroiliitis. Treatment to date has included medications and home exercise. A progress note dated September 23, 2014 indicates that the injured worker's blood sugar level have been stable. The treating physician documented a plan of care that included diabetes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Victoza patches 1.8gm #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Victoza.

Decision rationale: Per ODG, Liraglutide (Victoza) is a long-acting glucagon-like peptide-1 receptor agonist, binding to the same receptors, as does the endogenous metabolic hormone

GLP-1 that stimulates insulin secretion. Marketed under the brand name Victoza, it is an injectable drug developed by Novo Nordisk for the treatment of type 2 diabetes. The medication is not approved for use in combination with insulin. There is no documentation indicating the claimant's most recent HbA1c to determine his level of diabetic control. The claimant is maintained on insulin therapy and there is no specific indication for the requested Victoza. Medical necessity for the requested item is not established. The requested item is not medically necessary.