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| <b>Case Number:</b>   | CM15-0170051 |                              |            |
| <b>Date Assigned:</b> | 09/10/2015   | <b>Date of Injury:</b>       | 08/23/2006 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2015 |

### 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: Texas, California

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 32 year old female injured worker suffered an industrial injury on 8-23-2006. The diagnoses included lower back pain, lumbar intervertebral disc syndrome and lumbar radiculopathy. On 6-26-2015 the treating provider reported she has been taking Contrave for weight loss. She reported she had not been able to achieve weight loss with medication alone and was requesting bariatric surgery. On 7-29-2015 the treating provider reported continued low back pain that radiated down the right leg with some numbness. The left leg had some radiation of pain. On exam there was tenderness of the lumbar spine and right sacroiliac tenderness. The provider noted a discussion with the injured worker about a trial of Liraglutide to avoid bariatric surgery along with a nutrition consult. The discussion included counseling on lifestyle and behavioral modifications such as appropriate diet and exercising with setting goals. The current weight was 228.2 which had been maintained. Prior treatments included medications and physical therapy. It was not clear if the injured worker had returned to work. The Utilization Review on 8-19-2015 for the treatments Liraglutide 3.0mg #4 and referral to a nutritionist determined they were non-certified. The medication list includes Gabapentin, Naprosyn and Flexeril. Per the note dated 8/26/15 the patient had complaints of low back pain and limited ability for ambulation. Physical examination of the lumbar spine revealed tenderness on palpation. Patient had received ESI for this injury. The patient had received an unspecified number of PT visits for this injury. The patient sustained the injury when she was transferring a patient from chair to wheel chair. The patient's surgical history includes myomectomy. The patient has had a lab report on 12/25/14 that revealed blood glucose level of 122.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Liraglutide 3.0mg #4: 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 Official Disability Guidelines (ODG) Glucagon-like peptide-1 (GLP-1) agonists.

**Decision rationale:** Request: 1 prescription of Liraglutide 3.0mg #4 Victoza (liraglutide) is an injectable diabetes medicine that helps control blood sugar levels. MTUS state guideline does not specifically address this issue. Therefore, the ODG was used. As per the cited guideline "Glucagon-like peptide-1 (GLP-1) agonists: Recommended as second-line treatment of type 2 diabetes, specifically in patients having inadequate glucose control or with hypoglycemia inadequately controlled with diet, exercise, and/or metformin alone. Advantages of GLP-1 agonists include their efficacy in lowering blood glucose levels, their lack of association with weight gain, and their indirect association with weight loss." A detailed history related to the treatment of type 2 diabetes in this patient was not specified in the records provided. The presence of inadequate glucose control, hypoglycemia, inadequate control with diet, exercise, and/or metformin alone was not specified in the records specified. The patient has had a lab report on 12/25/14 that revealed blood glucose level of 122. A recent blood glucose level was not specified in the records specified. The patient had received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. A current physical therapy evaluation note was not specified in the records provided. Rationale for use of parenteral route and failure of oral route for medications for diabetes, was not specified in the records specified. The request for prescription of Liraglutide 3.0mg #4 is not medically necessary.

### **1 Referral to a nutritionist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, IME and consultations.

**Decision rationale:** Referral to a nutritionist. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The diagnoses included lower back pain, lumbar intervertebral disc syndrome and lumbar radiculopathy. On 6-26-2015 the treating provider reported she has been taking Contrave for weight loss. She reported she had not been able to achieve weight loss with medication alone and was requesting bariatric surgery. On 7-29-2015 the treating provider

reported continued low back pain that radiated down the right leg with some numbness. The left leg had some radiation of pain. On exam there was tenderness of the lumbar spine and right sacroiliac tenderness. Per the note dated 8/26/15 the patient had complaints of low back pain and limited ability for ambulation. The current weight was 228.2, which had been maintained. This is a complex case with obesity, possible diabetes and chronic low back pain. The request for Referral to a nutritionist is medically necessary for this patient.