

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

December 30, 2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/18/2013
Date of Injury: 3/24/2004
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003069

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62 year old female with history of diabetes, hypertension, and hypothyroidism. The patient's date of injury was 3/24/2004. The patient's diabetes was treated with Metformin and Glipizide. Weight management and exercise were encouraged. The patient's fingerstick blood glucose checks were in the 300's. Her hemoglobin A1c was 8.7. The patient was prescribed Levemir and Victoza, but was unable to take the medications. A claim for Nesina 25 mg # 30 with 6 refills was submitted on July 8, 2013.

IMR DECISION(S) AND RATIONALE(S)

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

1. Nesina 25mg #30 with 6 refills is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Medical Letter, Issue 1417, May 27, 2013; UpToDate – Glucagon-like peptide-1-based therapies for the treatment of type 2 diabetes mellitus, updated September 13, 2013; Management of persistent hypoglycemia in type 2 diabetes mellitus, updated December 6, 2013, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

Nesina is a DDP-4 inhibitor, whose mechanism of action is to potentiate insulin release and decrease glucagon production by increasing the availability of incretin hormones. It is available as an adjunct to diet and exercise and may be used as monotherapy or with other diabetic medications. It may be added to the treatment regimen if full doses of metformin and a sulfonylurea have not adequately controlled the blood glucose and the patient is unable to use

insulin. Use of DDP inhibitors has been associated with acute pancreatitis and long term safety is unknown. In this case the patient was unable to use insulin, but was not on full doses of metformin. In addition, DDP-4 inhibitors have been shown to have relatively weak effects on hemoglobin A1c and are not currently recommended for routine use. **The request for 1 prescription of Nesina 25mg #30 with six refills is not medically necessary and appropriate**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0003069