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| Case Number: | CM13-0046342 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/19/2006 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Physical Medicine/Rehabilitation/Pain Management, has a subspecialty Certificate in Interventional Spine and is licensed to practice in California. 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. 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:

This is a 31-year-old male police officer for the [REDACTED], who was injured on 6/19/2006. He reported an aggravation of low back injury on 9/19/13 from impact from the boat being on rough water. There is a 12/7/12 pain management report from [REDACTED], showing the diagnoses of lumbar radiculopathy; lumbar disc degeneration; chronic pain; s/p right CTR with improvement, s/p right ulnar nerve decompression, hearing loss, dental disorder. The patient is being co-managed with the internal medicine specialist, [REDACTED]. [REDACTED] has been managing the hypertension and left atrial enlargement; diabetes mellitus and left ventricular hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Azor 10/40mg, #30 between 10/3/2013 and 10/3/2013: Overturned

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: "In this case, the highest ranked standard is likely the FDA/boxed label indication. FDA information from <http://www.drugs.com/pro/azor.html>:"Azor is indicated for the treatment of hypertension, alone or with

Decision rationale: MTUS/ACOEM and ODG did not mention Azor. The Azor boxed label indication is for hypertension. The internal medicine physician who is managing the patient's hypertension and diabetes mellitus and heart conditions reports that Azor was stabilizing the blood pressure. The request for continued use of Azor appears to be in accordance with the boxed-label indication. .

Victoza pen 6mg/6ml between 10/3/2013 and 10/3/2013: Overturned

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, Diabetes chapter online for Victoza/glucodan-like-peptide-1(GLP-1) agonists.

Decision rationale: The records show that [REDACTED] tried to manage the patient's diabetes conservatively with diet modification back on 1/24/13, and on 3/11/13 tried metformin and Glipizide before trying Victoza. MTUS/ACOEM did not discuss Victoza. ODG guidelines, states it is: "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." The request is in accordance with ODG guidelines.

30 unifine pentips 6mm between 10/3/2013 and 10/3/2013: Overturned

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 ODG guidelines, Diabetes chapter online for Victoza/glucodan-like-peptide-1(GLP-1) agonists.

Decision rationale: The unifine pen tips are required for the Victoza pen, The Victoza pen was being used in accordance with ODG guidelines. The pen-tips to administer the Victoza would appear to be used in accordance with the same ODG guideline that recommended the Victoza.