

Case Number:	CM14-0023688		
Date Assigned:	06/11/2014	Date of Injury:	03/29/2010
Decision Date:	11/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 55 year old male claimant with an industrial injury dated 03/30/10. Exam note 02/06/14 states the patient returns with poorly controlled glucose levels leading to poor sleep quality. The patient's blood pressure has been on average 130-140/80-90 mmhg with a blood glucose of 293. The patient has previously been seen for lumbar spine complaints, and did feel like he improved to the 12-15 physical therapy sessions he did attend for his spasms and low back pain. Current medications include Hydrochlorothiazide, Lisinopril, Prilosec, Metformin, Novolog, ASA, Diltiazem, and Amlodipine. Diagnosis is notes as gastrointestinal complaints, orthopedic complaints, psychiatric complaints. Treatment includes a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BYETTA 10MG: 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), Diabetes section

Decision rationale: CA MTUS/ACOEM is silent on the issue of Byetta. According to the ODG, Diabetes section, Exenatide (Byetta) is "recommended as second-line treatment of type 2

diabetes, especially in patients having inadequate glucose control or with hyperglycemia inadequately controlled with diet, exercise, and/or metformin alone." In this case there is insufficient evidence of inadequate glucose control or failure of first line agents such as Metformin. Therefore the request is not medically necessary and appropriate.