

Case Number:	CM14-0024480		
Date Assigned:	06/11/2014	Date of Injury:	04/17/2008
Decision Date:	08/26/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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:

The injured worker is a 43-year-old male who reported an injury on 04/17/2008 after unloading plywood while performing normal job duties. The injured worker reportedly sustained an injury to his neck, right shoulder and right elbow. The injured worker ultimately underwent shoulder surgery. The injured worker's post-surgical pain management included multiple medications, chiropractic care, and physical therapy. The injured worker was evaluated on 02/17/2014. The injured worker's diagnoses included new onset diabetes mellitus, plus insomnia, plus gastritis, plus gastro reflux esophagitis and adhesive capsulitis and external hemorrhoids and degenerative disc disease. The injured worker's medications were noted to be metformin and victoza. Objective findings included a blood pressure reading of 128/83 with tenderness over the mid upper gastric area. A request was made for continued metformin and Victoza.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF VICTOZA 1.8MG: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/victoza-drug/indications-dosage.htm>.

Decision rationale: The prospective request for 1 prescription of Victoza 1.8 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not address this medication. An online resource rxlist.com indicates that this is a medication used to stabilize noninsulin based medication used to stabilize blood sugar levels related to diabetes mellitus. The clinical documentation submitted for review does indicate that the injured worker is diagnosed with diabetes mellitus. However, a history of blood sugar readings to support that the injured worker's blood sugar levels are within well controlled limits was not provided for review. Therefore, the effectiveness of the medication requested is not established. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Victoza 1.8 mg is not medically necessary or appropriate.