MAXIMUS Federal Services

Case Number:	CM14-0205240		
Date Assigned:	12/17/2014	Date of Injury:	10/26/1989
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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:

The patient is a 60-year-old female who has a submitted a claim for fibromyalgia, diabetes with probable neuropathy, hypertension, obesity, history of lupus, sleep disorder with fatigue, depression and dyslipidemia associated with an industrial injury date of October 26, 1989.Medical records from 2013 to 2014 were reviewed. The patient has not received her medications due to denial of her requests. It is unclear if the patient is compliant with her medications. She has episodes of dizziness and has difficulty with sleep. She denies chest pain, dyspnea, palpitations and syncope. Physical examination showed a weight of 232 lbs, blood pressure of 128/92 mmHg, pulse rate of 92 bpm and serum glucose of 230 mg/dL. She looks fatigued. Her ambulation is slow using a four-point cane. She has regular heart rate and rhythm without murmurs, rubs or gallops. There is no clubbing. Her mentation is grossly normal. Treatment to date has included Byetta, Prandin, metformin, Invokana, atorvastatin, Diflucan, Lyrica, aspirin, Ramipril, clonidine, potassium chloride, Plaquenil and hydrochlorothiazide.The utilization review from November 10, 2014 denied the request for Bydureon pen, one injection Q7 days, #4 because of no documented rationale for changing the patient's medication to a weekly injection such as Bydureon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bydureon Pen, One (1) Injection Q7 days #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Insulin

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, Insulin.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends insulin for treatment of type 1 diabetes, or for type 2 diabetes if glycemic goals are not reached with oral antidiabetics. Insulin is required in all patients with T1DM, and it should be considered for patients with T2DM when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug nave or not, has symptomatic hyperglycemia. The patient is a known case of diabetes mellitus and is currently on Byetta, Prandin, metformin and Invokana. The most recent physical examination showed a weight of 232 lbs, blood pressure of 128/92 mmHg, pulse rate of 92 bpm and serum glucose of 230 mg/dL. She looks fatigued. Her ambulation is slow using a four-point cane. She has regular heart rate and rhythm without murmurs, rubs or gallops. There is no clubbing. Her mentation is grossly normal. However, there is no documented rationale concerning the adjuvant therapy for Bydureon. The patient likewise is complaining of episodic dizziness and there is no evidence of exploration of possible hypoglycemia. The medical necessity cannot be established due to insufficient information. Therefore, the request for Bydureon pen, one injection Q7 days, #4 is not medically necessary.