

<b>Case Number:</b>	CM15-0071960		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old male, who sustained an industrial injury on November 1, 2004. He has reported back pain, leg pain, and abdominal pain. Diagnoses have included lumbar spine radiculopathy, cervical spine radiculopathy, irritable bowel syndrome, diabetes, and insomnia. Treatment to date has included medications and psychotherapy. A progress note dated January 12, 2015 indicates a chief complaint of lower back pain radiating to the legs, and abdominal pain that is better. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Onglyza 5 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes (Type 1, 2, and Gestational), Dipeptidyl-peptidase inhibitors (DPP-4 inhibitors).

**Decision rationale:** Onglyza is a prescription medicine used along with diet and exercise to lower blood sugar in adults with type 2 diabetes. It is an orally-active inhibitor of the DPP4 enzyme. The Official Disability Guidelines do not recommend Dipeptidyl-peptidase inhibitors (DPP-4 inhibitors) as a first-line choice. As a drug class, the DPP-4 inhibitors have a generally low risk of hypoglycemia, favorable adverse-effect profile, and once-daily dosing. Because clinical studies directly comparing agents from this class have not been conducted, making comparisons in terms of efficacy and safety will become difficult for clinicians as more agents become available. Based on information from preclinical, clinical, and post-marketing data, there does not appear to be a compelling advantage of one DPP-4 inhibitor over another in terms of efficacy, safety, or ease of clinical use. There is no documentation that first-line diabetes medications have been tried and have failed. Onglyza is not medically necessary.