

Case Number:	CM14-0136546		
Date Assigned:	09/03/2014	Date of Injury:	10/19/2011
Decision Date:	10/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in Washington D.C. and Virginia. 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 is a 44-year-old patient who sustained occupational injury on 10/19/11. The patient had issues with diabetes, hypertension, and obesity. He had ongoing issues with back pain. He had had multiple back surgeries. On 1/6/14, the patient was seen in the post-operative period following an L3-4 interbody fusion. The treating physician noted on 2/18/14 that the patient had issues with polyuria and elevated blood sugars. He was prescribed NovoLog with meals and Levemir, and Metformin. He was also prescribed Cozaar and Victoza. The physician saw the patient on 9/2/14 and continued the medications: Metformin, Levemir, Humalog, and Cozaar. The patient had elevated blood sugars and elevated blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

NovoLog 12 units each meal #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online edition, Diabetes Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes

Decision rationale: Per ODG guidelines, insulin is recommended for treatment of type one diabetes (DM1) or type two diabetes (DM2) if glycemic goals are not reached by oral antidiabetics. Insulin is required in all patients with DM1 and it can be considered for patients with DM2 when non-insulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug-naïve or not, has symptomatic hyperglycemia. It is also recommended for metabolic deterioration, co-morbidities, surgery, pregnancy or contraindications against oral antidiabetics. The amount of insulin must be balanced with food intake and daily activities. Do not recommend regular human insulin because onset of action is too slow and persistence of effect is too long to mimic a normal prandial physiologic profile; the result is impaired efficacy and increased risk of delayed hypoglycemia. Do not recommend NPH insulin because it does not provide a sufficiently flat peakless basal insulin; highly variable absorption even within individuals; increased risk of hypoglycemia compared with the long acting insulin analogues. Recommend rapid acting insulin analogues; premixed insulin/protamine; and long acting insulin analogues. The addition of premixed insulin to metformin seemed to produce greater reduction in HbA1c level, slightly greater weight gain, and higher risk for hypoglycemia compared with Metformin plus a basal insulin. This case control study suggests that use of antidiabetics such as sulfonylureas and insulin were associated with an increased risk of pancreatic cancer. One analysis found that patients with diabetes who relied on insulin alone faced as much as 4.5 times the estimated risk for pancreatic cancer, as measured in cancer events per 1000 patient years. In addition, DM appears to be both a cause of and a risk factor for pancreatic cancer. The addition of insulin as a second line agent after metformin in patients with DM2 is associated with increased cardiovascular risk compared with adding a sulfonylurea. Therefore, it may be better to use 2 oral medications before progressing to insulin use in DM2. Over 14 months, patients who receive insulin as second-line treatment after metformin had statistically significant increased risk of 30% of nonfatal cardiovascular outcomes and a 44% increase in all-cause mortality. This patient was found to be a diabetic as an adult and was prescribed insulin from the outset. This would not be indicated prior to a trial of diet and exercise to improve lifestyle and oral hypoglycemic agents.

Levemir 20 units at night #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resource www.drugs.com/levemir.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insulin

Decision rationale: Per ODG, Levemir (insulin detemir) is a man-made form of insulin, a hormone that is produced in the body. It works by lowering levels of glucose (sugar) in the blood. Levemir is a long acting form of insulin that is slightly different from other forms of insulin that are not man-made. Levemir is used to treat DM2 in adults. Levemir is also used to treat DM1 in adults and children who are at least 2 years old. The patient was found to be a diabetic as an adult and was prescribed insulin from the outset. This would not be indicated prior to a trial of diet and exercise to improve lifestyle and oral hypoglycemic agents.

Cozaar 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resource www.drugs.com/search.php?searchterm=cozaar

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resources reference.medscape.com/drug/cozaar-losartan-342323 and www.rxlist.com/cozaar-drug/indications-dosage.htm

Decision rationale: Cozaar is not addressed by the MTUS or ACOEM guidelines so other sources were looked into. Cozaar is used in diabetic patients to slow the progression of diabetic nephropathy. It would be medically indicated.