MAXIMUS Federal Services

Case Number:	CM14-0025625		
Date Assigned:	06/13/2014	Date of Injury:	07/07/2005
Decision Date:	07/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 51-year-old male who suffered an industrial injury on 7/7/2005. The injury was noted to be electrocution. His initial diagnosis included myofascial pain, knee pain, muscle spasm, facet and other symptoms of the back, chronic fatigue syndrome, chronic pain syndrome, insomnia, shoulder pain, lumbago, and lumbar sprain/strain. He was treated with heat applications, a home exercise program, activity modifications, physical therapy, and use of a TENS unit. The patient developed type 2 diabetes mellitus at some point, and the relationship to his industrial injury and type 2 diabetes mellitus is not completely clear to me. However, the patient was put on Metformin extended-release (ER) 500mg three (3) times a day and the only hemoglobin A1C I have seen was done 8/20/2013 and was found to be 6.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Invokana 300mg #30: 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 UpToDate: Management of persistent hyperglycemia in type 2 diabetes mellitus. Online version. Last updated 5/8/2014.

Decision rationale: Invokana is one of a new class of medication to treat type 2 diabetes mellitus. The class of medication is known as sodium-glucose co-transporter 2 (SGLT2) inhibitors. They work in the proximal tubules of the kidneys and mediates reabsorption of approximately 90% of the filtered glucose load. SGLT2 inhibitors promote the renal excretion of glucose and thereby modestly lower elevated blood glucose levels in patients with type 2 diabetes mellitus. Given the absence of long-term efficacy and safety data, SGLT2 inhibitors are not recommended for routine use in patients with type 2 diabetes mellitus. SGLT2 inhibitors may play a role as a third-line agent in patients with inadequate glycemic control on two oral agents if for some reason the combination of metformin and insulin is not a therapeutic option. In general, starting on metformin is the standard of care in treating type 2 diabetes. Titrating metformin to maximum doses of 2000-2500 mg is recommended prior to starting a second oral hypoglycemic medication, or starting insulin therapy as long as the patient does not experience adverse affects of the metformin titration. Also, further titrating metformin or beginning additional medications are intended for patients whose hemoglobin A1C is greater than 7%. In this case, the only hemoglobin A1C noted in the records for this patient was noted to be 6.5%. Additionally, this patient has not received maximal doses of metformin for better glycemic control. Also, in the records, there was no indication that this patient did not tolerate the maximal doses of metformin prior to trying to enlist a second oral hypoglycemic agent. Lastly, given the absence of long-term efficacy and safety data, Invokana is not recommended for routine use in patients with type 2 diabetes. For these reasons, the request for Invokana 300mg #30 is not medically necessary.