

<b>Case Number:</b>	CM14-0039136		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Maryland. 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 employee was a 39-year-old male with the date of injury of 9/23/2006. He reportedly contracted valley fever at that time and was treated with antifungals. He was admitted in the hospital for what turned out to be an osteomyelitis of the left digit and he ended up with an amputation of the left third finger at the proximal interphalangeal PIP joint. At the time he was diagnosed with diabetes mellitus. His prior control of diabetes mellitus had been poor with wide fluctuations in blood glucose. The request was for insulin syringes, glucagon kit, antiseptic solution, glucose CHW, Humalog KWIK injection, Lantus injection, One Touch test strips, BD pen needles, lancets and glargine insulin. His medications included OxyContin 10 mg, Zofran 8 mg, fluconazole 800 mg, Lidoderm patch, 96 units of Lantus insulin twice a day and Humalog insulin with each meal. He was seen by the Internal medicine provider in March of 2014. His subjective complaints included nausea that was controlled with the Zofran and his diabetic control was better. His diagnoses included disseminated coccidioidomycosis, diabetes mellitus, chronic neuropathic hyperalgesia, chronic nausea, hypertension and diabetic neuropathy. The Nutritionist follow-up visit notes from 1/28/2014 were reviewed. He was monitoring his blood glucose typically 3-4 times a day and his results vary from 89-339 over the past 6 weeks and his average glucose on his print out was 191 mg/dL. His reported weight was 303 pounds. His body mass index (BMI) estimated was 40.3. He reported a 10 pound weight gain. His overall blood glucose management had improved. He also did not describe chronic hypoglycemia. He was seen by the treating provider on 12/9/13. His blood pressure was noted to be 154/89 mmHg. His hemoglobin A1c was 8.3 in April of 2013. He was advised to check blood sugar 4 times per day before meals and was advised to do carbohydrate counting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucagon Kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**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: Glucagon: Drug information Lexicomp.

**Decision rationale:** The employee had a diagnosis of diabetes mellitus with blood glucose ranging from 89-339 over the previous 6 weeks. There were no documented hypoglycemic episodes prior to the visit during which the request was sent for glucose CHW and Glucagon kit. Glucagon kit is used to treat severe hypoglycemia when IV Dextrose is not available and glucose CHW is recommended for mild to moderate hypoglycemia. Since there is no documentation of hypoglycemic episodes and the lowest blood glucose documented by finger stick monitoring is 89, the request for Glucagon kit and glucose CHW are not medically necessary or appropriate.

**Antiseptic Sol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**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: Ethanol topical. Drug information Up-to-date.

**Decision rationale:** The employee had diabetes mellitus and was using insulin injections. He needs preinjection skin preparation with antiseptics. FDA recommends that antiseptics for preinjection skin preparation be packaged for single use only. Contamination of topical antiseptics most often occurs when organisms are introduced into the product by users and so antiseptic solutions should be discarded after the single application. Hence a request for antiseptic solution is not medically necessary or appropriate.

**Glucose CHW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**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: Hypoglycemia management Uptodate.

**Decision rationale:** The employee had a diagnosis of diabetes mellitus with blood glucose ranging from 89-339 over the previous 6 weeks. There were no documented hypoglycemic episodes prior to the visit during which the request was sent for glucose CHW and Glucagon kit. Glucagon kit is used to treat severe hypoglycemia when IV Dextrose is not available and glucose CHW is recommended for mild to moderate hypoglycemia. Since there is no documentation of hypoglycemic episodes and the lowest blood glucose documented by finger stick monitoring is 89, the request for Glucagon kit and glucose CHW are not medically necessary or appropriate.

**BD Pen Needle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**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.insidehumalog.com/Pages/type2-kwikpen.aspx?WT.srch=1&WT.mc\\_id=33929-650159-3082](http://www.insidehumalog.com/Pages/type2-kwikpen.aspx?WT.srch=1&WT.mc_id=33929-650159-3082).

**Decision rationale:** The employee was on Humalog Kwikpen. Humalog Kwikpen is a small lightweight prefilled insulin pen for patients who need BD pen needle for administration. Hence the request for BD pen needle is medically appropriate and necessary.