

Case Number:	CM14-0085892		
Date Assigned:	07/23/2014	Date of Injury:	05/28/2002
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice 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 injured worker is a 39-year-old male who reported an injury on 05/28/2002 while working as a laborer he sustained a back injured. The injured worker had a history of lower back pain that referred down to his left leg and left buttocks with tightness to the left calf. The diagnoses included unstable brittle diabetes and lumbar radiculopathy of left leg. The MRI dated 02/15/2012 of the lumbar spine revealed multi disc protrusions at the L1-2 with posterior disc bulge and a disc bulge with corresponding indentation of the anterior aspect of the subarachnoid at the L4-5. The past treatments included physical therapy and multiple lumbar epidural steroid injections. The medications included Lyrica 75 mg, Tramadol 50 mg, Metformin 850 mg, Januvia 100 mg, and Aspirin. No past surgical history. The physical exam dated 04/21/2014 revealed a pleasant male in no acute distress, posture straight and upright, gait is non-antalgic and non-spastic. The head and neck alignment neutral, tightness noted with a positive left straight leg raise, negative on the right, no frank motor deficits, and no dermatomal deficits to the sensory testing. The treatment plan included medication management, request reports, and a dietary consult for new onset of diabetes mellitus. The Request for Authorization dated 04/24/2014 was submitted with the documentation. The rationale for the Invokana 100 mg was to assist with the brittle diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Invokana 100 mg: 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 (ODG) Diabetes (Type 1, 2, and Gestational) Canagliflozin (Invokana).

Decision rationale: The request for prospective request for one (1) prescription of Invokana 100 mg is not medically necessary. The Official Disability Guidelines do not recommend as a first line medication until the risk for stroke is evaluated in an ongoing study. The FDA approved this novel glucose-lowering agent, Canagliflozin (Invokana), for the treatment of adults with type 2 diabetes. Canagliflozin is the first in a new class of drug, an oral inhibitor of sodium glucose cotransporter 2 (SGLT2). Inhibition of SGLT2 reduces resorption of glucose in the kidney, resulting in increased urinary glucose excretion, with a consequent lowering of plasma glucose levels as well as weight loss. The FDA panel had concerns about the cardiovascular safety of Canagliflozin, most particularly a possible elevated risk for stroke. They deemed that current data was insufficient to be certain about this risk and concluded that longer term followup will be required, including completion of the Canagliflozin Cardiovascular Assessment Study. Per the guidelines, regarding the use of Invokana, this medication is not recommended as a first line medication for the treatment of diabetes until the risk of stroke is evaluated in an ongoing study. The injured worker has been diagnosed with diabetes mellitus and is also under treatment for hypertension and hypercholesterolemia. The injured worker has utilized Metformin, which was recently increased to 850 mg twice a day with no follow-up documentation evident. The injured worker's diabetes was poorly controlled on the medication regimen, considering the unknown nature of the cardiovascular safety of Invokana and the cardiovascular concerns, which the injured worker has been being treated for, the use of Invokana places the injured worker at risk. The request did not address the frequency. As such, the request is not medically necessary.