

Case Number:	CM15-0103978		
Date Assigned:	06/08/2015	Date of Injury:	01/09/2003
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain and knee pain reportedly associated with an industrial injury of January 9, 2003. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for Novolog and Levemir. The claims administrator referenced a RFA form received on May 6, 2015 and an associated progress note of April 27, 2014, in its determination. The claims administrator contended that the attending provider had failed to furnish compelling evidence of the failure of oral diabetes medications before endorsing insulin. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported issues with anxiety, depression, reflux, shortness of breath, constipation, low back pain and knee pain. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. The applicant's blood sugar was 292 in the clinic, it was reported. The applicant did carry a diagnosis of diabetes mellitus; it was reported in the diagnoses section of the note. The applicant's medications list included cimetidine, Prevacid, Amitiza, Gaviscon, metformin, NovoLog, Levemir, AppTrim, Sentra, Theramine, and tramadol, it was reported. The applicant's blood sugar was described as poorly controlled. The applicant is to follow up in three months. The applicant was asked to keep a blood sugar log in the interim. The applicant's hemoglobin A1c was not detailed. On January 26, 2015, the applicant did report multifocal complaints of low back and knee pain with derivative complaints of reflux, blurred vision, and shortness of breath. The applicant was again given various diagnoses, one of which included diabetes mellitus. The applicant's medication list included cimetidine, Prevacid, Amitiza, Gaviscon, metformin, NovoLog, Levemir, aspirin, multiple dietary supplements, and tramadol. Sleep study and an orthopedic consultation were proposed. Once again, the applicant's hemoglobin A1c was not documented. In an earlier note of November 24, 2014, the applicant was again described as carrying a diagnosis of diabetes for which the applicant was using metformin, glipizide, NovoLog and Levemir. Once again, the

applicant's hemoglobin A1c was not documented. The remainder of the file was surveyed. There were no documented hemoglobin A1c levels on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Novolog, 15 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration INDICATIONS AND USAGE NovoLog is indicated for the treatment of patients with diabetes mellitus, for the control of hyperglycemia. Because NovoLog has a more rapid onset and a shorter duration of activity than human regular insulin, NovoLog given by injection should normally be used in regimens with an intermediate or long-acting insulin. NovoLog may also be infused subcutaneously by external insulin pumps.

Decision rationale: No, request for NovoLog was not medically necessary, medically appropriate, or indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's documentation on progress note does not clearly establish whether or not ongoing usage of NovoLog, in conjunction with metformin, glipizide and Levemir had or not had proven effective in controlling the applicant's blood sugars, which were, it was incidentally noted, reported as elevated on an office visit of April 27, 2015, at 292. Other office visits of January 26, 2015, May 13, 2015, and November 24, 2014 likewise failed to document the applicant's blood sugar control. Hemoglobin A1c levels were not documented. While the Food and Drug Administration (FDA) does acknowledge that NovoLog, a relatively rapid acting variant of insulin, is indicated in the treatment of diabetes mellitus, here, however, the attending provider did not clearly establish whether or not ongoing usage of NovoLog had or had not proven effective in ameliorating the applicant's diabetes. Therefore, the request was not medically necessary.

Levemir flextouch. 25 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration LEVEMIR is a long-acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

Decision rationale: Similarly, the request for Levemir was likewise not medically necessary, medically appropriate, or indicated here. Levemir, per the Food and Drug Administration (FDA), is a long-acting human insulin analog intended to improve glycemic control in both children and adults with diabetes mellitus. As with the preceding request, however, the MTUS Guideline in

ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations to ensure proper usage and to manage expectations. Here, however, the attending provider's documentation and multiple progress notes of May 13, 2015, January 26, 2015, April 27, 2014 and November 24, 2014 failed to establish whether or not ongoing usage of Levemir had or had not proven effective in the ameliorating the applicant's issues with diabetes mellitus. It was not clearly stated what the applicant's hemoglobin A1c was on any of those dates. It was not clearly established, in short, whether ongoing usage of Levemir had or had not proven beneficial here. Therefore, the request was not medically necessary.