

Case Number:	CM15-0140064		
Date Assigned:	07/29/2015	Date of Injury:	11/04/2006
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 54 year old female who experienced a work related injury on November 4, 2006. The orthopedic injuries include carpal tunnel syndrome with left then right carpal tunnel release performed in September 2007 and March 2008 respectively, left knee arthroscopy and meniscectomy in March 2007 and right knee arthroscopy on July 9, 2010. Diagnoses include diabetes mellitus, hypertension, obesity, sleep apnea and depression. Laboratory data reveals a glucose level of 204 on September 17, 2014 and glycosylated hemoglobin of 9.1 on April 14, 2015. Request is for one via of NPH (Neutral Protamine Hagedorn) Insulin (Lantus) 25 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vial of NPH (Neutral Protamine Hagedorn) Insulin (Lantus) 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), Diabetes Chapter, Insulin.

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

Decision rationale: The request for "one vial of NPH (Neutral Protamine Hagedorn) Insulin (Lantus) 25 units" is confusing as insulin NPH is an intermediate acting insulin and Lantus is a long acting basal insulin analog. Records review is consistent with the use of insulin NPH. The Official Disability Guidelines state "not recommended NPH insulin because it does not provide sufficiently flat peak less basal insulin; highly variable absorption even within individuals; increased risk of hypoglycemia compared with long acting insulin analogs". Therefore, the request for one vial of NPH (Neutral Protamine Hagedorn) Insulin (Lantus) 25 units is not medically necessary or appropriate.