

Case Number:	CM15-0165033		
Date Assigned:	09/02/2015	Date of Injury:	12/21/2002
Decision Date:	10/23/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on December 21, 2002. He reported falling while carrying a heavy box striking his right knee. The injured worker was diagnosed as having hypertension, Diabetes Mellitus, Ulcerative colitis, and history of chronic pain. Treatments and evaluations to date have included a rhizotomy, physical therapy, home exercise program (HEP), x-rays, bracing, MRI, chiropractic treatments, epidural steroid injection (ESI), and medication. Currently, the injured worker reports pain in the lower back, bilateral knees, hips, and feet. The Primary Treating Physician's report dated July 7, 2015, noted the injured worker with stable blood sugar around 100-110 with the blood pressure 132 over 74. The treatment plan was noted to include included discussions regarding medications and diet with medications including Cozaar, Victoza, Levemir, and Novolog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levemir 70 units #4 boxes: Overturned

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

Decision rationale: The patient presents on 05/11/15 with unrated pain in the lower back, bilateral knees, bilateral hips, and bilateral feet. The patient's date of injury is 12/21/02. Patient is status post radiofrequency rhizotomy of the left SI joint. The request is for Levenir 70 units #4 boxes. The RFA was not provided. Progress note dated 07/07/15 does not include any physical examination findings. The provider does note BP of 132/74, normal sinus rhythm, clear lungs to auscultation, and stable blood sugar ranging from 100-110. The patient is currently prescribed Cozaar, Victoza, Levemir, and Novolog. Patient's current work status is not provided. Official Disability Guidelines, Diabetes chapter, under Insulin states: Recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycaemic goals are not reached by oral anti-diabetics. Insulin is required in all patients with T1DM, and it should be considered for patients with T2DM when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug naive or not, has symptomatic hyperglycemia. Also recommended for metabolic deterioration, co-morbidities, surgery, pregnancy or contradictions against oral anti-diabetics (Lechleitner, 2011). The amount of insulin must be balanced with food intake and daily activities. Not recommend regular human insulin (Humulin R, Novolin R) because onset of action is too slow and persistence of effect is too long to mimic a normal prandial physiologic profile; the result is impaired efficacy and increased risk of delayed hypoglycemia. In regard to Levenir for the management of this patient's diabetes, the request is appropriate. The most recent progress note made available for review, dated 07/07/15, notes that this patient's blood sugar levels are maintained within a stable range of 100-100mg/dL through the use of Levenir and Novolog, a value which is considered a healthy value. Utilization review non-certified this request on the grounds that "both chronic medical conditions are typically managed by a patient's personal medical doctor. Documentation provided for review does not substantiated the work related nature of these conditions." While the utilization reviewer feels as though this patient's diabetes and hypertension are unrelated to his chronic pain and workplace injury, the purpose of utilization review is to determine whether a treatment measure is medically indicated, and as such peer reviewers should reserve judgment on matters of causation. Given this patient's diagnoses and the evidence provided of medication efficacy, continuation of Levenir is substantiated. Therefore, the request is medically necessary.

Novolog Flexpen 5 units #2 boxes: Overturned

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

Decision rationale: Official Disability Guidelines, Diabetes chapter, under Insulin states: Recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycaemic goals are not reached by oral anti-diabetics. Insulin is required in all patients with T1DM, and it should be

considered for patients with T2DM when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug naive or not, has symptomatic hyperglycemia. Also recommended for metabolic deterioration, co-morbidities, surgery, pregnancy or contradictions against oral anti-diabetics (Lechleitner, 2011). The amount of insulin must be balanced with food intake and daily activities. Not recommend regular human insulin (Humulin R, Novolin R) because onset of action is too slow and persistence of effect is too long to mimic a normal prandial physiologic profile; the result is impaired efficacy and increased risk of delayed hypoglycemia. In regard to Novolog for the management of this patient's diabetes, the request is appropriate. The most recent progress note made available for review, dated 07/07/15, notes that this patient's blood sugar levels are maintained within a stable range of 100-100mg/dL through the use of Levenir and Novolog, a value which is considered a healthy value. Utilization review non-certified this request on the grounds that "both chronic medical conditions are typically managed by a patient's personal medical doctor. Documentation provided for review does not substantiated the work related nature of these conditions." While the utilization reviewer feels as though this patient's diabetes and hypertension are unrelated to his chronic pain and workplace injury, the purpose of utilization review is to determine whether a treatment measure is medically indicated, and as such, peer reviewers should reserve judgment on matters of causation. Given this patient's diagnoses and the evidence provided of medication efficacy, continuation of Novolog is substantiated. Therefore, the request is medically necessary.

Cozaar 50mg #50: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, under Hypertension Treatment.

Decision rationale: Official Disability Guidelines, Diabetes chapter, under Hypertension Treatment has the following: Recommend that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. Over 88% of patients with type 2 DM either have uncontrolled hypertension or are being treated for elevated blood pressure. Hypertension is not only more prevalent in type 2 DM than in the general population, but it also predicts progression to DM. Once hypertension is diagnosed, an individual is 2.5 times more likely to receive a DM diagnosis within the next 5 years, and the combination of hypertension and DM magnifies the risk of DM-related complications. It is recommended that blood pressure in DM be controlled to levels of 130/80 mm Hg, starting with lifestyle modification and diet, and including medications. The issue as to whether any one class is superior to another is no longer part of the decision-making process because most patients with DM need at least 2 to 4 drugs to achieve target blood pressure. Agents such as angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are preferred given their renal and/or CVD benefits. Other agents such as vasodilating b-adrenergic blockers, calcium channel blockers, diuretics, and centrally-acting agents should be used as necessary. Recommended medication step therapy for hypertension: 1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-

converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace); Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) In regard to Cozaar for the management of this patient's hypertension, the request is appropriate. This patient has been prescribed Cozaar since at least 03/03/15. The most recent progress note made available for review, dated 07/07/15, notes that this patient has an active diagnosis of hypertension (which could have a chronic pain component). The blood pressure noted during the examination is 132/74. Utilization review non-certified this request on the grounds that "both chronic medical conditions are typically managed by a patient's personal medical doctor. Documentation provided for review does not substantiated the work related nature of these conditions." While the utilization reviewer feels as though this patient's diabetes and hypertension are unrelated to his chronic pain and workplace injury, the purpose of utilization review is to determine whether a treatment measure is medically indicated, and as such, peer reviewers should reserve judgment on matters of causation. Given this patient's diagnoses and the evidence provided of medication efficacy, continuation of Cozaar is substantiated. Therefore, the request is medically necessary.