

Case Number:	CM15-0191055		
Date Assigned:	10/05/2015	Date of Injury:	08/15/2012
Decision Date:	12/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York

Certification(s)/Specialty: Internal 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:

This is a 50 year old male with a date of injury of August 15, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for Type 2 diabetes mellitus and coronary artery disease. Medical records dated April 15, 2015 indicate that the injured worker complained of higher blood sugars lately with a couple of nocturnal hypoglycemic episodes. A progress note dated August 19, 2015 documented complaints of significant gastrointestinal discomfort, eating irregularly, frequent nausea with vomiting at least once a day, and frustration with blood sugar control. Records also indicate that the injured worker's physical activity was limited due to shortness of breath. The progress note dated April 15, 2015 noted that the 14 day blood glucose average was 186 per the injured worker's glucometer. The progress note dated August 19, 2015 documented a physical examination that showed mild abdominal tenderness in the epigastrium. The 14 day blood glucose average was 222 per the injured worker's glucometer on August 19, 2015. Treatment has included Humulin R u500 before meals (sliding scale) and Metformin 1000mg. The treating physician documented that the injured worker's diabetes was well controlled in the past, but recently has been out of control since the onset of his cardiac problems. The original utilization review (September 3, 2015) partially certified a request for Humulin R 500 unit/ml with 2 refills (original request for 11 refills), One Touch Verio test strips #200 with 2 refills (original request for 11 refills), One Touch Delica lancets #200 with 2 refills (original request for 11 refills), and Humalog Kwipen 15ml with 2 refills (original request for 11 refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Humulin R 500 unit/ml with 11 refills: 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), Diabetes (Type 1-2 and Gestational): Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational)- Insulin and Other Medical Treatment Guidelines Up-to-date.

Decision rationale: As per Official Disability Guidelines (ODG), Insulin is recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycaemic goals are not reached by oral antidiabetics. 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 nave or not, has symptomatic hyperglycemia. Also recommended for metabolic deterioration, co-morbidities, surgery, pregnancy or contradictions against oral antidiabetics. Review of submitted medical records do provide specific rationale for prescription of Humulin R in this injured worker. Medical necessity of the requested item One (1) prescription of Humulin R 500 unit/ml has been established. The request is medically necessary.

One (1) prescription of One Touch Verio test strips #200 with 11 refills: 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), Diabetes (Type 1-2 and Gestational): Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational)- Glucose monitoring and Other Medical Treatment Guidelines Up-to-date.

Decision rationale: As per Official Disability Guidelines (ODG) self-monitoring of blood glucose (SMBG) is recommended for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. Review of submitted medical records does provide specific rationale for prescription of One Touch Verio test strips in this injured worker. Medical necessity of the requested item has been established. The request is medically necessary.

One (1) prescription of One Touch Delica lancets #200 with 11 refills: 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), Diabetes (Type 1-2 and Gestational): Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational)-Glucose monitoring and Other Medical Treatment Guidelines Up-to-date.

Decision rationale: As per Official Disability Guidelines (ODG) self-monitoring of blood glucose (SMBG) is recommended for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into 2 categories: patient self-monitoring, which would allow patients to change behavior (diet or exercise) or medication dose (most often insulin), or long-term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. Review of submitted medical records does provide specific rationale for prescription of One Touch Delica lancets in this injured worker. Medical necessity of the requested item has been established. The request is medically necessary.

One (1) prescription of Humalog Kwikpen 15ml with 11 refills: 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), Diabetes (Type 1-2 and Gestational): Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational)- Insulin and Other Medical Treatment Guidelines Up-to-date.

Decision rationale: As per Official Disability Guidelines (ODG), Insulin is recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycaemic goals are not reached by oral antidiabetics. 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 antidiabetics. Review of submitted medical records does provide specific rationale for prescription of Humalog Kwikpen in this injured worker. Medical necessity of the requested item One (1) prescription of Humalog Kwikpen has been established. The request is medically necessary.