

Case Number:	CM15-0199475		
Date Assigned:	10/14/2015	Date of Injury:	09/24/2007
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 44 year old female with an industrial injury dated 09-24-2007. A review of the medical records indicates that the injured worker is undergoing treatment for hypertension, "LVH", diabetes insulin dependent, chronic pain syndrome, "IBS", fibromyalgia, gastroesophageal reflux disease, small hiatal hernia, and mild and acute gastritis. According to the progress note dated 08-31-2015, the injured worker reported right upper quadrant and abdominal pain. Objective findings (08-31-2015) revealed positive murphy sign. PR2 on 7-06-2015, 06-08-2015 subjective complaints, and objective findings were difficult to decipher. Treatment plan included continuation of medication. Treatment to date has included prescribed medications and periodic follow up visits. The utilization review dated 09-09-2015, non-certified the request for Novolog insulin 4 pad, Januvia 100mg, #30, Levemir 4 pad and modified request for Lyrica 150mg #13, (original #60) and Savella 50mg, #13 (original #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Novolog insulin 4 pad: 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) Chapter: Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, 19th edition, Diabetes and hyperglycemia medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring, the requested medication is not indicated at this time. Therefore, based on the submitted medical documentation, the request for Novolog insulin is not medically necessary.

Levemir 4 pad: 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) Chapter: Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, 19th edition, Diabetes and hyperglycemia medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring, the requested medication is not indicated at this time. Therefore, based on the submitted medical documentation, the request for Levemir is not medically necessary.

Lyrica 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, intensity, Complex Regional Pain Syndrome (CRPS).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring, the requested medication is not indicated at this time. Therefore, based on the submitted medical documentation, the request for Levemir is not medically necessary.

Januvia 100mg, #30: 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 Merck Manual, 19th edition, Diabetes and hyperglycemia medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring, the requested medication is not indicated at this time. Therefore, based on the submitted medical documentation, the request for Januvia is not medically necessary.

Savella 50mg, #60: 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) Chapter: Pain Milnacipran (Savella R).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, early intervention, Chronic pain programs, intensity.

Decision rationale: The guidelines do not recommend Savella for chronic pain. Savella is FDA approved for treatment of fibromyalgia syndrome. Savella is approved for treatment of depression. In this case, the injured worker's working diagnoses include diabetes, hypertension, chronic pain syndrome and fibromyalgia. Savella is not indicated for chronic pain. Savella is indicated for fibromyalgia. The injured worker's fibromyalgia is not work related. There is no documentation of a causal relationship between fibromyalgia and the work injury. Consequently, the guidelines do not support Savella in the use of chronic pain and, as a result, Savella is not indicated therefore, based on the submitted medical documentation, the request for Savella is not medically necessary.