MAXIMUS Federal Services

Case Number:	CM15-0026449		
Date Assigned:	02/18/2015	Date of Injury:	03/29/2010
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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, 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:

This is a 56 year old male patient, who sustained an industrial injury on 3/29/10. He sustained the injury due to lifting a set of equipment. The current diagnoses include diabetes mellitus aggravated by work related injury, hypertension, obesity, blurred vision, rule out secondary to hypertension and diabetes and sleep disorder, rule out obstructive sleep apnea. Per the PR-2 dated 12/23/14, he had diabetes mellitus, hypertension, headache, difficulty sleeping, visual disturbances and weight gain. The home blood glucose average was 140 to 250mg/dL. The physical examination revealed height and weight- 6'4" and 298 pounds, blood glucose 228 mg/dl, heart with regular rate and rhythm, soft abdomen without tenderness or distention and lungs clear to auscultation. The current medications list includes HCTZ, amlodipine, lisinopril, lovaza, tricor, metformin, novolog, levemir, ASA, guanfacine and clonidine. He has had Magnetic resonance imaging thoracic spine dated 12/6/14, which revealed small disc herniations with left foraminal stenosis; Magnetic resonance imaging cervical spine dated 12/6/14 which showed disc dessication with degenerative disc disease with disc protrusion; Magnetic resonance imaging lumbar spine dated 12/6/14 which showed large disc herniations causing bilateral neural foraminal narrowing. On 1/28/15, Utilization Review noncertified a request for Novolog 90 units, pens with twice daily noting the high dosage and concurrent use of another agent and citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Novolog 90 units, pens with needles twice daily: 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) TWC Treatment, Diabetes Mellitus.

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 (updated 01/26/15) NovoLog (insulin) Insulin.

Decision rationale: Request: Novolog 90 units, pens with needles twice daily. Per the cited guidelines insulin is Recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycemic 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 NA & #131; ve or not, has symptomatic hyperglycemia. Also recommended for metabolic deterioration, co-morbidities, surgery, pregnancy or contradictions against oral antidiabetics (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. Not recommend NPH insulin (Humulin N, Novolin N) because it does not provide sufficiently flat peakless basal insulin; highly variable absorption even within individuals; increased risk of hypoglycemia compared with the long-acting insulin analogues. Recommend rapid-acting insulin analogues; premixed insulin/protamine; and long-acting insulin analogues. (Rodbard, 2009) (Davis, 2010) The addition of premixed insulin to metformin seemed to produce greater reduction in HbA1c level, slightly greater weight gain, and higher risk for hypoglycemia compared with metformin plus a basal insulin. (Bennett, 2011) (Misso, 2010) (Phung, 2010) This case control study suggests that use of antidiabetics such as sulfonylureas and insulin were associated with an increased risk for pancreatic cancer. One analysis found that patients with diabetes who relied on insulin alone faced as much as 4.5 times the estimated risk for pancreatic cancer, as measured in cancer events per 1000 patient years. In addition, diabetes mellitus appears to be both a cause of and a risk factor for pancreatic cancer. (Bodmer, 2012) The addition of insulin as a second-line agent after metformin in patients with type 2 diabetes is associated with increased cardiovascular risk compared with adding a sulfonylurea. Therefore, it may be better to use 2 oral medications before progressing to insulin use in type 2 diabetes. Over 14 months, patients who received insulin as second-line treatment after metformin had statistically significant increased risks of 30% for nonfatal cardiovascular outcomes and a 44% increase in all-cause mortality. (AHRQ, 2014). Patient is also prescribed levemir which is also insulin. Rationale for addition of novalog is not specified in the records provided. Response to 2 oral medications before progressing to insulin is not specified in the records provided. The medical necessity of Novolog 90 units, pens with needles twice daily is not fully established for this patient.