

<b>Case Number:</b>	CM15-0084732		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/30/1984
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Arizona, Texas  
 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:

The injured worker is a 67 year old, male who sustained a work related injury on 5/30/84. The diagnoses have included cardiac disease with valvular disease and arrhythmias, diabetes and low back pain. The treatments have included lumbar spine surgery, lumbar epidural steroid injection without much benefit, oral pain medications, anti-arrhythmic medication and use of Lantus insulin. In the Clinic Note dated 2/24/15, the injured worker complains of increasing, chronic low back pain. His diabetes and cardiac issues are controlled. The treatment plan includes continuing on medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lantus 100/ml #20 (Refill 3 of 6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.lantus.com/hcp/default.aspx](http://www.lantus.com/hcp/default.aspx).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date.com. Drug information, Lantus.

**Decision rationale:** The MTUS is silent regarding the use of Lantus insulin and BD insulin syringes. According to UptoDate.com, Lantus is used to improve glycemic control in adults with type 1 diabetes mellitus (insulin dependent, IDDM) and type 2 diabetes mellitus (noninsulin, NIDDM). Patients who are being treated with Lantus should have monitoring to include plasma glucose, electrolytes, HbA1c, and potassium (in patients at risk for hypokalemia). In this case the documentation does not support that the patient requires Lantus insulin for the treatment of diabetes. Furthermore the documentation doesn't support that the patient is being monitored appropriately with plasma glucose, electrolytes, HbA1c, or potassium (in patients at risk for hypokalemia). The use of Lantus is not medically necessary according to the documentation available for review.

**Verapamil HCL 80 mg #90 (Refill 0 of 5): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/meds/a684030.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684030.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. drug information.

**Decision rationale:** The MTUS is silent regarding the use of Verapamil. According to UptoDate.com regarding the use of Verapamil, it is used in the treatment of hypertension; angina pectoris (vasospastic, chronic stable, unstable) (Calan, Covera-HS); supraventricular tachyarrhythmia (PSVT, and atrial fibrillation/flutter [rate control]). The patient has a diagnosis of hypertension and atrial fibrillation. The documentation on 2/24/15, 4 /7/15 and 5 /20/15 support that the patient has atrial fibrillation and is using verapamil for both hypertension and rate control. The continued use of verapamil is medically warranted.

**Morphine Sulfate 15 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case the documentation doesn't support that the patient has had meaningful increase in function while taking this medication and therefore it is not medically necessary.

**BD insulin syringe ultrafine II/short/0.5 ml/31G x 5/16" 0.5/31 G #100 (Refill 1 of 5):**  
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 UptoDate.com. Drug information.

**Decision rationale:** The MTUS is silent regarding the use of Lantus insulin and BD insulin syringes. According to UptoDate.com, Lantus is used to improve glycemic control in adults with type 1 diabetes mellitus (insulin dependent, IDDM) and type 2 diabetes mellitus (noninsulin, NIDDM). Patients who are being treated with Lantus should have monitoring to include plasma glucose, electrolytes, HbA1c, and potassium (in patients at risk for hypokalemia). In this case the documentation does not support that the patient requires Lantus insulin for the treatment of diabetes. Furthermore the documentation doesn't support that the patient is being monitored appropriately with plasma glucose, electrolytes, HbA1c, or potassium (in patients at risk for hypokalemia). The use of Lantus is not medically necessary according to the documentation available for review. If the use of Lantus is not required then the use of BD syringes, which are used to administer Lantus, are not medically necessary.