

Case Number:	CM14-0181945		
Date Assigned:	11/06/2014	Date of Injury:	09/23/2006
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who has submitted a claim for diabetes mellitus, stable on pump, chronic pain syndrome, obesity, diabetic neuropathy, coccidioidomycosis, and major depressive disorder associated with an industrial injury date of 9/23/2006. Medical records from 2013 to 2014 were reviewed. The patient had indwelling insulin pump for work-related diabetes secondary to fungal lung infection. He was treated with amphotericin leading to pancreatic abnormality, and eventually diabetes. Vital signs showed blood pressure of 145/103 mmHg, and pulse rate of 71 beats per minute. Neck was supple without lymphadenopathy. Oropharynx was clear. Random blood glucose was 140mg/dL. HbA1c from 10/7/2014 was 6.6% with estimated fasting blood glucose of 143 mg/dL. Treatment to date has included insulin pump and medications. The utilization review from 10/22/2014 modified the request for Humulin R U-500 150 units per day, 13 refills per 1 year, 1 refill per 28 days into Humulin R U-500 150 units per day x 3 refills, 1 refill per 28 days because there was no clear indication for the need of one year of medication without prior re-evaluation; and denied Diabetic Self-Management Magazine 1 subscription for 5 years. [Http://www.diabetesselfmanagement.com](http://www.diabetesselfmanagement.com) and Books on carb counting: 1. Diabetic Meal Planning Essentials, 2. The Complete Guide to Carb Counting, 3rd Ed., and 3. Diabetes Carb Control Cookbook because length of education intervention did not appear to influence outcomes. There was no indication that the specific requested methods of education constitute medical treatment or provide significant measured improvement in glycemic control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Humulin R U-500 150 units per day, 13 refills per 1 year, 1 refill per 28 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Literature
<http://www.drugs.com/monograph/insulin-human.html>.

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

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends insulin 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 have or not, has symptomatic hyperglycemia. In this case, the patient had indwelling insulin pump for work-related diabetes secondary to fungal lung infection. He was treated with amphotericin leading to pancreatic abnormality, and eventually diabetes. Insulin was treated due to uncontrolled blood glucose with oral medications. Random blood glucose was 140mg/dL. HbA1c from 10/7/2014 was 6.6% with estimated fasting blood glucose of 143 mg/dL. The medical necessity for continuing insulin therapy has been established. However, there is no discussion why 13 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic conditions. Therefore, the request for Humulin R U-500 150 units per day, 13 refills per 1 year, 1 refill per 28 days is not medically necessary.

Diabetic Self-Management Magazine 1 subscription for 5 years.

[Http://www.diabetesselfmanagement.com](http://www.diabetesselfmanagement.com): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Education and Counseling Volume 52, Issue 1, January 2004, Pages 97-105. Meta-analysis of diabetes patient education research: Variations in intervention effects across studies. Research in Nursing & Health Volume 15, Issue 6, pages 409-419, December 1992

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's

home. In this case, patient has diabetes hence this request for a diabetic magazine. However, it is unclear why readily available resources, i.e., internet articles, and physician or nutritionist education cannot suffice. There is likewise no discussion why a five-year subscription should be certified in this case. The medical necessity cannot be established due to insufficient information. Therefore, the request for Diabetic Self-Management Magazine 1 subscription for 5 years. [Http://www.diabetesselfmanagement.com](http://www.diabetesselfmanagement.com) is not medically necessary.

Books on carb counting: 1. Diabetic Meal Planning Essentials, 2. The Complete Guide to Carb Counting, 3rd Ed., and 3. Diabetes Carb Control Cookbook: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Education and Counseling Volume 52, Issue 1, January 2004, Pages 97-105. Meta-analysis of diabetes patient education research: Variations in intervention effects across studies. Research in Nursing & Health Volume 15, Issue 6, pages 409-419, December 1992

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, patient has diabetes hence this request for a diabetic magazine. However, it is unclear why readily available resources, i.e., internet articles, and physician or nutritionist education cannot suffice. Therefore, the request for books on carb counting: 1. Diabetic Meal Planning Essentials, 2. The Complete Guide to Carb Counting, 3rd Ed., and 3. Diabetes Carb Control Cookbook is not medically necessary.

yearly for life: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Education and Counseling Volume 52, Issue 1, January 2004, Pages 97-105. Meta-analysis of diabetes patient education research: Variations in intervention effects across studies. Research in Nursing & Health Volume 15, Issue 6, pages 409-419, December 1992

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Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations,

Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, patient has diabetes hence this request for a diabetic magazine. However, it is unclear why readily available resources, i.e., internet articles, and physician or nutritionist education cannot suffice. There is likewise no discussion why a lifetime prescription should be certified in this case; lifetime care exceeds medical practice standards of care. Therefore, the request for [REDACTED] yearly for life is not medically necessary.