MAXIMUS Federal Services

Case Number:	CM14-0090520		
Date Assigned:	07/23/2014	Date of Injury:	08/22/2010
Decision Date:	09/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old female injured on 08/22/10 as a result of continuous trauma over several years. The injured worker also reports suffering a burn to an unspecified location. Documentation indicates the injured worker has multiple medical issues as a result of medications prescribed for initial injury. Current diagnoses include insulin dependent diabetes mellitus, hypertension, blurred vision, paresthesias bilateral upper and lower extremities and glucose in urine. Clinical notes on 05/14/14 indicate the injured worker complains with worsening blood sugar and no significant change in blurred vision. The injured worker reported blood pressure has been controlled with worsening in sleep quality with approximately 4-5 hours per night. Physical examination revealed blood pressure 104/68, heart rate 66 beats per minute, blood glucose 256 mg/dl. Diagnostic studies requested included kidney ultrasound, adenosine nuclear study, and lexiscan. Documentation indicates the injured worker's prior carotid ultrasound report on 04/28/14 showed normal duplex examination of the carotid bifurcation. Stress echo report on 04/28/14 shows; poor functional capacity, no ST or T wave changes, no chest pain reported due to being unable to assess for ischemia as the injured worker did not achieve an adequate level of stress. The initial request for Novolog pen with needles, one month supply, levemir pen with needles, one month supply, lisinopril 20 mg #45 was initially non-certified on 05/29/14. The initial request for lexiscan was initially non-certified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Novolog Pen with Needles, one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (updated 02/20/14), 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, Insulin.

Decision rationale: Official Disability Guidelines state insulin is recommended for treatment of type 1 diabetes or for type 2 diabetes, if glycaemia goals are not reached by oral ant diabetics. Insulin is required in all patients with T1DM, and it should be considered for patients with T2DM when noninsulin ant hyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug or not, has symptomatic hyperglycemia. The injured worker reported BGL=256 mg/dl and A1C=10.8 (04/28/14) indicating targets for glycemic control have not been met. The request for novolog pen with needles, one month supply is recommended as medically necessary.

Levemir Pen with Needles, one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (updated 02/20/14), 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, Insulin.

Decision rationale: Official Disability Guidelines state insulin is recommended for treatment of type 1 diabetes or for type 2, diabetes if glycaemia goals are not reached by oral ant diabetics. Insulin is required in all patients with T1DM, and it should be considered for patients with T2DM when noninsulin ant hyperglycemic therapy fails to achieve target glycemic control or when an injured worker, whether drug or not, has symptomatic hyperglycemia. The injured worker reported BGL=256 mg/dl and A1C=10.8 (04/28/14) indicating targets for glycemic control have not been met. The request for levemir pen with needles, one month supply is recommended as medically necessary.

Lisinopril 20mg, qty 45: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (updated 02/20/14), Hypertension.

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

Decision rationale: Official Disability Guidelines recommends that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. The documentation indicates the injured worker has been diagnosed with hypertension and requires medication to assist with blood pressure control. As such, the request for Lisinopril 20mg, quantity 45 is recommended as medically necessary.