

Case Number:	CM15-0110221		
Date Assigned:	06/16/2015	Date of Injury:	05/29/1990
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61 year old female, who sustained an industrial injury on May 29, 1990. She reported an injury to her coccyx during a fall. Treatment to date has included MRI of the lumbar spine, epidural medications, partial lumbar discectomy, pain management classes and medications. Currently, the injured worker is evaluated for chronic low back pain. Her comorbid conditions include diabetes since 1986, hyperlipidemia and nephrolithiasis. Her back pain radiates to the bilateral lower extremities. The injured worker reports excruciating pain during the day. On physical examination the injured worker has diffuse myalgia and diminished to absent sensation in the bilateral feet with extension in to the bilateral lower extremities. She is unable to distinguish monofilament touch to the feet. The diagnoses associated with the request include low back pain, diabetes mellitus and diabetic neuropathy. The treatment plan includes home exercise program, Norco, Humalog, Insulin syringes and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Humalog Inj 100/MI Units Kwikpen # 10 sliding scale up to 20 units + 5 refills: 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) Diabetes Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 61 year old female has complained of low back pain since date of injury 5/29/90. She has been treated with surgery, epidural steroid injections and medications. The current request is for Humalog Inj 100/MI Units Kwikpen # 10 sliding scale up to 20 units + 5 refills. The available medical records do not document the patient's type of diabetes (Type I or II), nor do they document the necessity of insulin use. There is no documentation regarding glucose values and if the glucose levels have been uncontrolled on oral anti-glycemics. On the basis of the available medical records and per the guidelines cited above: Humalog Inj 100/MI Units Kwikpen # 10 sliding scale up to 20 units + 5 refills is not indicated as medically necessary.