

<b>Case Number:</b>	CM15-0110232		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/29/1990
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, 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:

The injured worker is a 61 year old female, who sustained an industrial injury on 05/29/1990. According to an Emergency Department Report dated 01/09/2015, chronic medical problems included diabetes with poor control, diabetic retinopathy and neuropathy, hyperlipidemia, obesity, chronic low back pain, agitation and depression. Endocrine history included diabetes mellitus type 2, diabetic retinopathy and diabetic neuropathy. According to the most recent progress report submitted for review and dated 04/21/2015, the injured worker was seen for a routine follow up for pain and medication discussion. Current medications included Lipitor, Lisinopril, Hydroxyzine, Peri-colace, Gabapentin, Zoloft, Gemfibrozil, Aspirin, Pantoprazole, Humalog with sliding scale, Norco, Humulin 70/30, Lasix, Sucralfate, Dilaudid and Proventil. She complained of excruciating pain. She was awaiting a referral to pain medicine for evaluation of an implantable Morphine or Dilaudid pump. The provider noted that she did not comply with requests for data regarding her other medical conditions. The provider was unable to make any headway in getting a global picture of her health status in order to feel comfortable in making decisions about her medications. Diagnoses included low back pain, lumbar disc displacement without myelopathy and hypochondriasis. Prescriptions were given for Dilaudid, Freestyle Lite test strip, insulin syringe and Norco. Currently under review is the request for Humulin injection 70/30 subcutaneous, twice a day, 90 units and five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Humulin injection 70/30 subcutaneous, twice a day, 90 units and five 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, Diabetes Chapter, Insulin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insulin Management of Type 2 Diabetes Mellitus; ALLISON PETZNICK, DO, Northern Ohio Medical Specialists, Sandusky, Ohio Am Fam Physician. 2011 Jul 15; 84 (2): 183-190.

**Decision rationale:** In this case, the claimant's last A1 was 8.4 in January 2015. The A1C was ordered at the time of requesting Humulin. Future sigar response and daily logs for titration are unknown. Five months of advance refills is difficult to predict the amount required. Therefore the Humulin requested with 5 refills is not justified and not medically necessary.