

Case Number:	CM15-0179259		
Date Assigned:	09/29/2015	Date of Injury:	05/29/1990
Decision Date:	12/01/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained an industrial injury on 5-29-90. A review of the medical records indicates she is undergoing treatment for low back pain, lumbar disc displacement without myelopathy, hypochondrias is, diabetes mellitus, diabetic neuropathy, hyperlipidemia, depression, gastroesophageal reflux disease, edema, and Somogy Phenomenon. Medical records (6-23-15 to 8-4-15) indicate ongoing complaints of back pain, knee pain, and leg pain. She also complains of leg swelling on 8-4-15. The 6-23-15 PR-2 indicates that the injured worker reports having "a number of nights" where she awakens with sweating and feeling "weak and tremulous". She reports that she checks her blood glucose and finds it to be in the 50s and 60s. She reports that she eats something and the symptoms resolve. The treating provider indicates that the 6-23-15 visit was "the first time" the injured worker "brought about 2 weeks of glucose readings, all of them elevated". The record indicates that most glucose readings are "over 200 and many over 300". The record states, "she has prevented addressing her diabetes for months" and "doses with 70-30 seemingly at her whim, depending on what she decides is appropriate". The record states that she uses "70-30 mix twice daily with frequent daily doses of regular insulin". The treating provider indicates that the injured worker is "barely" able to get out of the wheelchair due to pain in her back and swelling for her legs. He reports previous treatment with Unna boots for chronic leg edema. The physical exam (8-4-15) reveals a diabetic foot exam with no noted foot ulcers, "diminished to absent" sensation in the feet bilaterally with extension into the lower legs, affecting the left side greater than the right, and diffuse dependent edema

with 3+ pitting to above the knees. The records indicate that she was diagnosed with Diabetes Mellitus in 1986 (6-23-15). Previous Hemoglobin A1C results were 8.4 on 1-10-15 and 7.5 on 4-8-15 (6-23-15). A Hemoglobin A1C is ordered on the 6-23-15 report, but the results are not in the provided records. Other diagnostic studies have included a diabetic eye exam in 2014, revealing possible increased pressure and minimal retinopathy, a microalbumin on 4-8-15 with the results of 98.6, laboratory studies during an inpatient admission for abdominal pain in January 2015, and orthopedic studies for chronic low back pain, including two MRIs. A referral to internal medicine and endocrinology was made to evaluate the injured worker's diabetes management. She is currently not working. The utilization review (8-21-15) indicates requests for authorization and determinations as follows: 1. Freestyle lite test strips, test 4 times a day #120 with 5 refills - modified to no refills. 2. Enteric coated aspirin 81mg, 1 tablet daily #30 with 5 refills - denied. 3. Omega 3 ethyl esters 1 gram twice daily #60 - denied. 4. Lasix 40mg #60 with 5 refills - modified to 1 refill only. 5. Humalog 100 units per milliliter Kwikpen, sliding scale up to 20 units daily #10 with 5 refills - denied. 6. Insulin syringe 1 milliliter 30grams x 5-16 #100 with 5 refills - denied. 7. Gemfibrozil 600mg, 1 tablet twice daily #60 with 5 refills - denied. 8. Zoloft 100mg, 1 tablet twice daily #60 with 5 refills - modified to 1 refill. 9. Gabapentin 600mg, 2 tablets every 8 hours #180 with 5 refills - denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Freestyle lite test strips, test 4 times a day #120 with 5 refills: Overturned

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, InsulinACOEM Chapter 4 Work Relatedness, page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/blood-glucose-self-monitoring-in-management-of-adults-with-diabetes-mellitus?source=search_result&search=glucose+monitoring&selectedTitle=1~150#H13.

Decision rationale: Regarding the request for test strips, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that monitoring blood glucose is a tool, not a therapeutic intervention. It provides important information with which motivated insulin-treated patients can modify their behavior and improve their A1C values safely by reducing hypoglycemia risk. The frequency of self-monitoring of blood glucose in patients with diabetes is dependent on the glycemic targets set and the treatments used. If self-monitoring of blood glucose is initiated to improve glycemic control, patient education strategies are necessary to ensure successful management. Within the submitted documentation, the patient has a history of diabetes on insulin therapy; however, she is not compliant with submitting home blood sugar results. Despite this, ambulatory monitoring of blood sugar is essential for the control of diabetes and to prevent diabetes related complications. Therefore, the test strips are medically necessary.

ASA EC 81mg, 1 tablet daily #30 with 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), and on the GlaxoSmithKline (2004).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/aspirin-drug-information?source=search_result&search=baby+asa&selectedTitle=2~150#F137068.

Decision rationale: Regarding the request for aspirin 81mg, there are not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that the decision regarding aspirin use for primary prevention (of both cancer and cardiovascular disease events) should be made with the patient, after presenting an understandable summary of the likely patient-specific benefits and risks. In summary, pooled data from randomized controlled trials (RCTs) suggest that aspirin is associated with relative risk reduction in non-fatal myocardial infarction (MI), no significant effect on non-fatal stroke (including hemorrhagic stroke), and relative risk reduction in cancer incidence. Possible risk includes increase in the relative risk of major non-fatal extracranial bleeding. Within the submitted documentation, the patient is does have major cardiac risk factors, including diabetes, hypertension, and hyperlipidemia. However, there is no discussion regarding the relative benefit versus risk with the use of this medication. It is unclear if the patient has any increase risk of bleeding with the use of baby aspirin. In the absence of clarity regarding these issues, the currently requested aspirin 81 mg is not medically necessary.

Omega 3 ethyl esters 1 gm twice a day # 60: Overturned

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, Diet.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Omega 3.

Decision rationale: With regard to the request for Omega 3 ethyl esters, the CA MTUS does not directly address this. The ODG is cited, and it is noted that omega 3 fatty acids are an optional dietary supplement in dyslipidemic patients. Within the submitted documentation, there are diagnosis of diabetes, hypertension, and hyperlipidemia. Her most recent lipid panel on 4/8/2015 indicate total cholesterol was 352, triglyceride was 685, HDL was 42, and LDL was 153. The patient is also receiving gemfibrozil for the treatment of hypertriglyceridemia without significant improvement in lipid profile. This request is medically necessary given the dyslipidemia is present and not well controlled.

Lasix 40mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lasix-drug.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate:
http://www.uptodate.com/contents/furosemide-drug-information?source=search_result&search=lasix&selectedTitle=1~150#F174816.

Decision rationale: Regarding the request for Lasix, there are not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that Lasix is indicated for the management of edema associated with heart failure and hepatic or renal disease; acute pulmonary edema; and for the treatment of hypertension (alone or in combination with other anti-hypertensive's). Within the submitted documentation, there is indication that the patient has a diagnosis of hypertension and is currently under treatment with lisinopril and lasix. The most recent blood pressure is measured 142/72 which is not well controlled for a patient with diabetes. There are no exam findings consistent with peripheral edema or pulmonary edema (such as rales on exam). As such, there is no clear indication for ongoing use of this medication. The request for Lasix is not medically necessary.

Humalog 100 units/ml Kwikpen, sliding scale up to 20 units daily #10 with 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, Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/insulin-lispro-drug-information?source=search_result&search=humalog&selectedTitle=1~52#F2127833.

Decision rationale: Regarding the request for Humalog insulin, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that injectable insulin is indicated for the treatment of type 1 diabetes mellitus (insulin dependent, IDDM) and type 2 diabetes mellitus (noninsulin dependent, NIDDM) to improve glycemic control. Routine monitoring is recommended with ambulatory blood sugar checks, electrolytes and A1c measurements. Within the submitted documentation, the patient has a recent A1c of 7.5 in 4/2015, previously her A1c was 8.4 in 1/2015. The provider states the patient is not medically compliant with record of home blood sugar values despite multiple requests to do so. Routine ambulatory blood sugar checks are essential for monitoring hypoglycemic and hyperglycemic episodes with the use of insulin. Insulin treatment is still needed. However, the current request is for additional 5 refills. Without the appropriate documentations of home blood sugar levels, the safety profile of continued use of this medication is not established. Therefore, the currently requested Humalog with 5 refills is not medically necessary.

Insulin syringe 1 ml 30g x 5/16# plus 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, Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/insulin-lispro-drug-information?source=search_result&search=humalog&selectedTitle=1~52#F2127833.

Decision rationale: Regarding the request for insulin syringes, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that injectable insulin is indicated for the treatment of type 1 diabetes mellitus (insulin dependent, IDDM) and type 2 diabetes mellitus (noninsulin dependent, NIDDM) to improve glycemic control. Routine monitoring is recommended with ambulatory blood sugar checks, and electrolytes and A1c measurements. Within the submitted documentation, the provider states the patient is not medically compliant with record of home blood sugar values despite multiple requests to do so. Without the appropriate documentations, the safety profile of continue use of insulin medication is not established. Therefore, the currently requested insulin syringes with 5 refills is not medically necessary.

Gemfibrozil 600mg, 1 tablet twice a day #60 plus 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com ACOEM Work-Relatedness, Chapter 4 page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.uptodate.com/contents/gemfibrozil-drug-information?source=search_result&search=gemfibrozil+adult&selectedTitle=1~72#F175703.

Decision rationale: Regarding the request for Gemfibrozil, there is not specific guidelines from ACOEM or CA MTUS, therefore, an alternative source is quoted. It states that Gemfibrozil is indicated in the treatment of hypertriglyceridemia in Fredrickson types IV and V hyperlipidemia for patients who are at greater risk for pancreatitis and who have not responded to dietary intervention; to reduce the risk of CHD development in Fredrickson type IIb patients without a history or symptoms of existing CHD who have not responded to dietary and other interventions (including pharmacologic treatment) and who have decreased HDL, increased LDL, and increased triglycerides. Within the submitted documentation, there is indication that the patient has problem with hyperlipidemia. However, most recent lab results revealed that the patient's tryglyceride has risen from 150 to 685 from 1/2015 to 4/2015. It is unclear if the patient is medically compliant with medication or if there is no response to current treatment. In the absence of clarify regarding this issue, this request is not medically necessary.

Zoloft 100mg, 1 tablet twice a day #60 with 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: Regarding the request for Zoloft (sertraline), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is a diagnosis of depression. However, there is no documentation indicating whether or not the patient has responded to the current Zoloft treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Zoloft is not medically necessary.

Gabapentin 600mg, 2 tablets every 8 hours #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the current request is not medically necessary.