

Case Number:	CM15-0067577		
Date Assigned:	04/15/2015	Date of Injury:	05/29/1990
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 male with an industrial injury dated May 29, 1990. The injured worker diagnoses include hypochondriasis, diabetes mellitus, low back pain, hyperlipidemia, urine tract infection, diabetic neuropathy, depression and gastroparesis. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated February 2, 2015, the injured worker reported nausea. The treating physician prescribed Humalog (insulin) Injection 100/ml Qty 3 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Humalog (insulin) Injection 100/ml Qty 3 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: Diabetes Chapter - Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insulin therapy in type 2 diabetes mellitus by David McCulloch, MD in UpToDate.com.

Decision rationale: This injured worker receives treatment for chronic pain, which dates back to an injury on 05/29/1990. The patient has chronic low back pain, morbid obesity, diabetes requiring insulin, and the patient has become opioid dependent. This review addresses a request for Humalog insulin refills. Humalog is a short acting insulin medication typically administered by a diabetic patient about 10 minutes before a meal. If the patient receives a dose that is too low, then the diabetes control will suffer. If the dose is too large, the patient may experience hypoglycemia, which can result in loss of consciousness and the harms this invites. The documentation does state that the Humalog is to be used on a sliding scale; however, the documentation does not make clear what are the parameters for using it, nor the range of dosages needed. Based on the documentation, Humalog is not medically necessary.