

Case Number:	CM15-0079063		
Date Assigned:	04/30/2015	Date of Injury:	07/08/2010
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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 47 year old male, who sustained an industrial injury on July 8, 2010. He reported onset of diabetes secondary to steroid therapy, depression and post-traumatic stress disorder from delirium during hospitalization. The injured worker was diagnosed as having status post bilateral lung transplants, carbide pneumoconiosis, depression, diabetes secondary to steroid therapy, difficulties with multiple medications, chronic steroid use, gastroesophageal reflux disease due to immunosuppressive drugs, sleep maintenance insomnia secondary to lung transplant, restrictive lung disease secondary to lung transplant and bilateral lung transplant. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of bilateral lungs, medications and work restrictions. Currently, the injured worker complains of a trending up A1c. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically with new onset diabetes. Evaluation on December 15, 2014, revealed continued complaints as noted. Insulin and pen needles were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Novolog Injection Vials: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of diabetes. A national clinical guideline-Agency of Health and Quality Research. 2010 Mar. 170 p.

Decision rationale: In this case, the claimant does have diabetes. The A1c ranged from 7/8-8.1. Sugars were being monitored and a focus on weight loss was made. The claimant's sugars are worsening. Continued use of insulin is required and the request for Novolog is medically necessary.

Pen Needles: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of diabetes. A national clinical guideline-Agency of Health and Quality Research. 2010 Mar. 170.

Decision rationale: In this case, the claimant does have diabetes. The A1c ranged from 7/8-8.1. Sugars were being monitored and a focus on weight loss was made. The claimant's sugars are worsening. Continued use of insulin is required and the request for pen needles is medically necessary.