

Case Number:	CM13-0019102		
Date Assigned:	10/11/2013	Date of Injury:	01/01/1999
Decision Date:	02/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who reported an injury on 06/07/2004 due to cumulative trauma while performing normal job duties. The patient's prior treatments included total hip replacement, management of diabetes, management of high blood pressure, and a home exercise program. The patient's most recent clinical evaluation noted that the patient's weight is stable, the patient's blood pressure is well controlled, and the patient's blood glucose journals document a fasting blood sugar of 100 to 130. The patient's medications included Metformin, glipizide, Cozaar, hydrochlorothiazide, and atenolol. The patient's diagnoses included breast cancer status post mastectomy, chemotherapy, and radiation therapy, hypertensive cardiovascular disease, diabetes type II, sleep disorder, weight gain status post injury, and orthopedic diagnosis. The patient's treatment plan included continuation of medications and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 ONE TOUCH ULTRA TEST STRIPS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested 100 ONE TOUCH ULTRA TEST STRIPS are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has diabetes that does require self monitoring of glucose levels. It is noted that the prescribing physician regularly evaluates and assesses the patient's glucose journals. Official Disability Guidelines state "current glucose monitoring strategies can be classified into 2 categories: patient self monitoring, which would allow patients to change behavior, diet, or exercise (or medication dose, most often insulin), or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months." As the patient is compliant with self monitoring and results are regularly evaluated and assessed to assist with treatment planning by the physician, continued self monitoring would be supported. Therefore, supplies to support self monitoring would be indicated. As such, the requested 100 ONE TOUCH ULTRA TEST STRIPS are medically necessary and appropriate.

ATENOLOL 100 MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested ATENOLOL 100 MG #30 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored by a physician due to hypertensive cardiovascular disease. It is noted within the patient's most recent documentation that the patient's blood pressure is well controlled with medications to include Cozaar, hydrochlorothiazide, and atenolol. Official Disability Guidelines do recommend this type of medication as a first line treatment in combination with Cozaar and hydrochlorothiazide. The patient is stable and does not present with any symptoms of uncontrolled high blood pressure. Continuation of this medication would be supported. As such, the requested ATENOLOL 100 MG #30 is medically necessary and appropriate.

GLYBURIDE 5MG #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested GLYBURIDE 5MG #120 is medically necessary and appropriate. Official Disability Guidelines do not recommend this medication as a first line choice. However, it is recommended as a safe alternative to thiazolidinedione as this treatment has been associated with cardiovascular disease. The clinical documentation submitted for review does provide evidence that the patient has hypertension. Therefore, this thiazolidinedione would be contraindicated for this patient. Additionally, it is noted within the documentation the patient's diabetes is considered well controlled utilizing current medication schedule. As it is frequently monitored by the treating physician, continuation of this medication would be supported.

HYDROCHLOROTHIAZIDE 25MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested HYDROCHLOROTHIAZIDE 25MG #30 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored by a physician due to hypertensive cardiovascular disease. It is noted within the patient's most recent documentation that the patient's blood pressure is well controlled with medications to include Cozaar, hydrochlorothiazide, and atenolol. Official Disability Guidelines do recommend this type of medication as a first line treatment in combination with Cozaar and atenolol. The patient is stable and does not present with any symptoms of uncontrolled high blood pressure. Continuation of this medication would be supported. As such, the requested HYDROCHLOROTHIAZIDE 25MG #30 is medically necessary and appropriate.

100 TECHLITE BLOOD LANCETS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested 100 TECHLITE BLOOD LANCETS are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has diabetes that does require self monitoring of glucose levels. It is noted that the prescribing physician regularly evaluates and assesses the patient's glucose journals. Official Disability Guidelines state "current glucose monitoring strategies can be classified into 2 categories: patient self monitoring, which would allow patients to change

behavior, diet, or exercise (or medication dose, most often insulin), or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months." As the patient is compliant with self monitoring and results are regularly evaluated and assessed to assist with treatment planning by the physician, continued self monitoring would be supported. Therefore, supplies to support self monitoring would be indicated. As such, the requested 100 TECHLITE BLOOD LANCETS are medically necessary and appropriate.

METFORMIN HCL 500MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested METFORMIN HCL 500MG #90 is medically necessary and appropriate. Official Disability Guidelines recommend Metformin as a first line treatment for type II diabetes. The clinical documentation submitted for review does provide evidence that the patient has type II diabetes that is considered well controlled by the treating physician. The patient regularly self monitors her glucose levels. These are reviewed by the treating physician. As the patient is considered stable and her medical condition well controlled as a result of the current medications, continued use would be indicated. As such, the requested METFORMIN HCL 500MG #90 is medically necessary and appropriate.

100 ALCOHOL SWABS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested 100 ALCOHOL SWABS are medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has diabetes that does require self monitoring of glucose levels. It is noted that the prescribing physician regularly evaluates and assesses the patient's glucose journals. Official Disability Guidelines state "current glucose monitoring strategies can be classified into 2 categories: patient self monitoring, which would allow patients to change behavior, diet, or exercise (or medication dose, most often insulin), or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months." As the patient is compliant with self monitoring and results are regularly evaluated and assessed to assist with treatment planning by the physician, continued self monitoring would be supported. Therefore, supplies to support self monitoring would be

indicated. As such, the requested 100 ALCOHOL SWABS are medically necessary and appropriate.

KETOPRO/LIDO/CYCLO 20/5/1% 60GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested KETOPRO/LIDO/CYCLO 20/5/1% 60GM is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain. However, California Medical Treatment Utilization Schedule does not recommend the use of ketoprofen or lidocaine as topical agents as they are not FDA approved to be used in a cream formulation. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants such as Cyclobenzaprine as a topical agent due to lack of scientific evidence to support the efficacy of this formulation. As such, the requested KETOPRO/LIDO/CYCLO 20/5/1% 60GM is not medically necessary or appropriate.