

Case Number:	CM13-0027962		
Date Assigned:	11/22/2013	Date of Injury:	09/21/2007
Decision Date:	01/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 beneficiary is a 53 year old male with insulin dependent diabetes who presents for further management of his disease. He also has HTN, hyperlipidemia, sleep apnea and is status post CABG (coronary artery bypass graft) surgery. He is obese at 270 pounds. The beneficiary has some diarrhea and abdominal pain at times. No chest pain or dyspnea at rest or on exertion. He had an injury at work in 2007, the nature is unclear from the medical record. The medications include Levemir and Novolog insulin, metformin. The vital signs are stable. The exam shows clear lungs, heart RR no murmurs or rubs, abdomen is soft and non-tender. The blood glucose in past has averaged 250 but at present is 444 and 512. No other laboratory studies are available. An accu check glucose test, sleep study, pulmonary function test are ordered and Invokana is written as a prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Accu-chek blood glucose test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Diabetes Association. Standards of medical care in diabetes--2013. Diabetes Care 2013; 36 Suppl 1:S11 and Karter AJ, Ackerson

LM, Darbinian JA, et al. Self-monitoring of blood glucose levels and glycemic control: the Northern California Kaiser Permane

Decision rationale: The beneficiary has poorly controlled diabetes which is insulin dependent. He does require close monitoring of his glucose both in the office and at home. Accu check glucose monitoring is medically necessary to control his diabetes and prevent complications. His blood glucose needs to be checked at least daily and possibly two to three times per day. Please see the referenced guidelines for the use of glucose monitoring in diabetes.

Pulmonary Functions Test (pre and post): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Crapo RO. Pulmonary-function testing. N Engl J Med 1994; 331:25 and ATS Committee on Proficiency Standards for Clinical Pulmonary Function Laboratories. ATS statement: guidelines for the six-minute walk test. Am J Respir Crit Care Med 2002; 166:111

Decision rationale: The beneficiary has no underlying lung disease. He is asymptomatic of cough or congestion. No chest pain or exertional symptoms. He has no asthma or chronic obstructive pulmonary disease. There is no evidence of hypoxia or abnormal chest x-ray. The beneficiary has no indication for a pulmonary function test and it is not medically necessary. Please see referenced guidelines for my decision.

Sleep study: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AARC-APT (American Association of Respiratory Care-Association of Polysomnography Technologists) clinical practice guideline. Polysomnography. Respir Care 1995; 40:1336 and Epstein LJ, Kristo D, Strollo PJ Jr, et al. Clinical guideline for the evaluation, manageme

Decision rationale: The beneficiary has a diagnosis of sleep apnea. The records do not indicate new symptomology that would indicate a worsening or change in sleep apnea. It is unclear if he has problems with or uses a CPAP mask consistently. No note of increased daytime sleepiness, dyspnea, chest pain or other symptoms. A sleep study is medically not necessary.

Invokana 100mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Edward C. Chao (2011). "Canagliflozin" Drugs of the Future 36 (5): 351-357.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association, "Standards of Medical Care in Diabetes--2013," Diabetes Care, 2013, 36(Suppl 1):11-66. [PubMed 23264422; Metzger BE, Buchanan TA, Coustan DR, et al, "Summary and Recommendations of the Fifth International Workshop-Conference on Gest

Decision rationale: The beneficiary's blood glucose levels are not under good control. He is on high doses of insulin and metformin. Adding an additional agent for better glucose control is medically necessary. If he has intolerable side effect then medication can be changed. The benefits of good glucose control are well documented and the above regimen will help with better control. Please see referenced guidelines for my decision.

Consultation with an ophthalmologist secondary to insulin dependent diabetes mellitus:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Edward C. Chao (2011). "Canagliflozin" Drugs of the Future 36 (5): 351-357.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frank RN. Diabetic retinopathy. N Engl J Med 2004; 350:48; Bragge P, Gruen RL, Chau M, et al. Screening for presence or absence of diabetic retinopathy: a meta-analysis. Arch Ophthalmol 2011; 129:435; American College of Physicians, American Diabetes Association,

Decision rationale: The beneficiary has insulin dependent diabetes. He is in need of preventive eye care with ophthalmology. There are known consequences of diabetes including diabetic retinopathy which require close monitoring. Regular eye examinations are the standard of care for diabetes management. The requested consultation is medically necessary. Please see referenced guidelines for my decision.