

Case Number:	CM13-0036241		
Date Assigned:	12/13/2013	Date of Injury:	07/27/2007
Decision Date:	02/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational Medicine and is licensed to practice in California. 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.

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 represented [REDACTED] employee who has filed a claim for diabetes, dyslipidemia, hypertension, gastro esophageal reflux disease, low back pain, and neck pain reportedly associated with an industrial injury of July 24, 2004. Thus far, the patient has been treated with the following: Analgesic medications; blood pressure lowering medications; cholesterol lowering medications; apparent diagnosis with a foreign body in the orbit; prior left knee arthroscopy in February 2011; follow-up care with an ophthalmologist; psychotropic medications; and extensive periods of time off of work. In a utilization review report of October 1, 2013, the claims administrator certified request for hydrochlorothiazide, Zestril, Tenormin, Prilosec, and aspirin while denying request for urine toxicology testing, diabetic testing strips, blood glucose monitor, fasting laboratory testing, an Accu-Chek blood glucose test, and AppTrim. The patient's attorney subsequently appealed. An earlier urine drug testing of February 8, 2013 is notable for the fact that multiple opioid, benzodiazepine, antidepressant metabolites were tested. Confirmatory testing was performed. On July 26, 2013, the patient did report issues with poorly controlled diabetes. His blood pressure is also sub optimally controlled at 149/92. Finger stick glucose was 190 in the clinic. Hydrochlorothiazide, Prilosec, AppTrim, Tenormin, Zestril, aspirin, and diabetic testing supplies were also ordered. The patient stands 5 feet 10 inches tall and weighs 246 pounds, it is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AppTrim #120: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127, Postsurgical Treatment Guidelines.

Decision rationale: As noted by the product manufacturer, AppTrim is a medical food designed to suppress obesity. The MTUS does not address the topic of medical foods. However, the ODG chronic pain chapter medical foods topic states that medical foods are not recommended except when an applicant has a disease or diagnosis which has a specific nutritive requirement. In this case, however, it is difficult to endorse this particular medical food, AppTrim, as it has not been approved by the FDA for obesity management or obesity control. The attending provider, moreover, did not formulate any rationale or narrative along with the request for the prescription so as to try and offset the unfavorable guideline recommendation. No clear description of the need for usage of AppTrim was proffered here. Therefore, the request is not certified.

Urine toxicology screen: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform urine drug testing. As noted in the ODG chronic pain chapter, however, requests for urine drug testing should be accompanied by a clear list of those drugs and/or drug panels which an attending provider is testing for as well as a list of medications that an applicant is taking. In this case, however, the attending provider only detailed those medications which pertained to the conditions for which he was treating the applicant, specifically diabetes and hypertension. The attending provider did not detail the applicant's other medications. The attending provider did not state which drug tests and/or drug panels he was testing for. Finally, the attending provider, based on the results of prior testing, appears to be performing confirmatory drug testing with each and every test. As noted by ODG, confirmatory testing is typically not indicated outside of the emergency department drug overdose context. For all of these reasons, the proposed urine toxicology testing is not certified.

Diabetic testing strips, lancets, and alcohol swabs are certified as a six-month supply:
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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: The MTUS does not address the topic. As noted by the American Diabetes Association, it is important that patients be provided with the appropriate durable medical equipment, including medications, supplies, and prescriptions in order to avoid a potentially dangerous hiatus in care. In this case, the claimant has an apparent diagnosis of non-insulin-dependent diabetes. He should be provided with appropriate supplies to monitor his underlying diabetes. Therefore, the request is certified.

Blood Glucose Monitor: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: The MTUS does not address the topic. As noted by the American Diabetes Association, it is important that patients be provided with the appropriate durable medical equipment, including medications, supplies, and prescriptions in order to avoid a potentially dangerous hiatus in care. In this case, the claimant has an apparent diagnosis of non-insulin-dependent diabetes. He should be provided with appropriate supplies to monitor his underlying diabetes, including a blood glucose monitor. Therefore, the request is certified.

Fasting laboratory testing of August 21, 2014: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: Again, the MTUS does not address the topic. However, the American Diabetes Association (ADA) does endorse laboratory testing both to confirm the diagnosis of diabetes and to monitor the progression of the same. Therefore, the request is certified.

Accu-Chek blood glucose test: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, (Effective July 18, 2009) Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

Decision rationale: Again, the MTUS does not address the topic. Again, the American Diabetes Association does support usage of point of care testing for hemoglobin A1C so as to facilitate more timely changes in treatment. In this case, the claimant is described as having issues with sub optimally controlled diabetes. Checking his blood glucose in the clinic is/was indicated and appropriate. Therefore, the request is certified.