

<b>Case Number:</b>	CM13-0039449		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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. 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 51 year old male with a history of diabetes, hypertension, hyperlipidemia, GERD, peptic ulcer disease, and irritable bowel syndrome. In a clinic note dated 08/06/2013, the patient complained of intermittent diarrhea and constipation (denied bright red blood per rectum). He was also complaining of blurred vision. The patient's fasting blood glucose reading was 256 while on Metformin. His physical exam was documented as blood pressure 127/86, lungs clear to auscultation, heart regular rate and rhythm, normal S1 and S2, abdomen soft with normoactive bowel sounds, extremities without clubbing, cyanosis or edema. Fundus could not be visualized on eye exam. His medications Januvia and Glipizide were refilled for continued treatment diabetes mellitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An Accu-Check 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 (OGD), Diabetes, Glucose monitoring.

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

**Decision rationale:** Self-monitoring of blood glucose (SMBG) is indicated for people with type 1 diabetes, those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. The patient has a documented diagnosis of diabetes mellitus and has objective evidence of hyperglycemia despite being treated with Metformin, Januvia, and Glipizide. Moreover, in a clinic note he was documented as being symptomatic with blurry vision in the setting of a FSG reading of 256. Since the patient has poorly controlled diabetes despite taking several medications, and is having blurry vision, accucheck blood glucose tests are medically necessary for closer monitoring.