

<b>Case Number:</b>	CM13-0039846		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation 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 58 year old female who reported an injury on 09/08/2006. The patient is diagnosed with constipation, irritable bowel syndrome, hypertension, diabetes mellitus, hypothyroidism, hyperlipidemia, obesity, proteinuria, palpitations, and hypertensive retinopathy. The patient was seen by [REDACTED] on 06/28/2013. Physical examination was not provided. Treatment recommendations included continuation of current medication, continuation of low glycemic diet, and Accu-Chek blood glucose tests, diabetic strips, lancets and alcohol swabs, and authorization for a 4 legged walker with wheels, home health assistant, and referral to a nephrologist secondary to left kidney cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diabetic strips/lancets/alcohol swabs one box each week:** 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), Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Durable Medical Equipment.

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As per the documentation submitted, the patient does maintain a diagnosis of diabetes mellitus. Ongoing monitoring of blood glucose levels can be considered medically appropriate for this patient. However, the request for diabetic strips, lancets, and alcohol swabs each week is excessive in nature and cannot be determined as medically necessary. Therefore, the request is non-certified

**Referral to Nephrologist secondary to Left Kidney Cyst:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient reported no change in chest pain, shortness of breath, palpitations, or numbness and tingling sensation in the upper extremities and lower extremities. The patient also reported well-controlled hypertension. As per the documentation submitted, there is no data to support a referral for kidney pathology. There is no documentation of associated creatinine, hematuria, or renal mass findings. The medical necessity has not been established. Therefore, the request is non-certified.

**Gastroenterologist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficult obtaining an agreement to a treatment plan. As per the documentation submitted, the patient has maintained diagnoses of constipation and irritable bowel syndrome. The patient does not report any acute symptoms. The patient is currently being treated with oral medications for primary gastritis pathology. There is no evidence of a progression or an exacerbation of symptoms. The medical necessity has not been established. Therefore, the request is non-certified.

**Four-Legged walker with wheels:** Upheld

**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) Knee & Leg Chapter, Durable Medical Equipment, Walking Aids.

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Walking aids are recommended for specific indications. As per the documentation submitted, there was no physical examination provided on the requesting date of 06/28/2013. There is no evidence of significant musculoskeletal or neurological deficits. There is no evidence of significant disability that would warrant the need for a walking aid. Based on the clinical information received, the request is non-certified.

**Home Health Assistant 8 hours/5 days per week for medicine dispensing, cooking, house work and transport:** 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 Page(s): 51.

**Decision rationale:** California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis and generally up to no more than 35 hours per week. As per the documentation submitted, there is no evidence that this patient is currently homebound. Furthermore, California MTUS Guidelines state medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides by bathing, dressing, and using the bathroom when this is the only care needed. The current request for a home health assistant 8 hours per day/5 days per week exceeds guideline recommendations. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**Gemfibrozil:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Gemfibrozil is used with diet changes to reduce the amount of cholesterol and triglycerides in the blood in certain people with very high triglycerides that are at risk of pancreatic disease. As per the documentation submitted, the patient's latest lipid panel was submitted on 11/15/2012 and indicated 199 cholesterol, 216 triglyceride, and 36 HDL. As per

the documentation submitted, the patient is also currently utilizing simvastatin 20 mg at bedtime. The medical necessity for the requested medication in combination with simvastatin has not been established. There is also no evidence of an increased risk for pancreatic disease. Based on the clinical information received, the request is non-certified

**Simvastatin:** Upheld

**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), Diabetics Chapter, Stains.

**Decision rationale:** Official Disability Guidelines state statins are not recommended as a first-line treatment for diabetic patients. Statins may be a treatment in the absence of contraindications; however, recent studies have associated increased risk of diabetes mellitus with use of all types of statins. As per the documentation submitted, the patient does maintain a diagnosis of hyperlipidemia and diabetes mellitus. However, there is no evidence of failure to respond to first-line treatment prior to the initiation of a statin medication. As guidelines do not recommend use of this medication, the current request is not medically appropriate. As such, the request is non-certified.

**Probiotics:** 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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Opioid, Induced Constipation, Medical Food.

**Decision rationale:** Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. There is no documentation to support the medical necessity for this requested medication. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Omega 3:** Upheld

**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), Chronic Pain Chapter, Omega-3, EFAs, Cod Liver Oil

**Decision rationale:** Official Disability Guidelines state the efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. As per the documentation submitted, there is no evidence of osteoarthritis. There is no clinical documentation to support the medical necessity for this medical food supplement. Based on the clinical information received, the request is non-certified.

**Synthroid 50mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Levothyroxine is used to treat hypothyroidism. Levothyroxine is also used to treat congenital hypothyroidism and goiter. As per the documentation submitted, the patient does maintain a diagnosis of hypothyroidism. However, there is no documentation of updated laboratory testing. The latest laboratory testing is dated 11/15/2012 and indicated a normal level of 3.25 TSH and 9.3 T4. Based on the clinical information received, the medical necessity for the requested medication has not been established. Therefore, the request is non-certified.