

Case Number:	CM13-0066159		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2013
Decision Date:	06/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 53-year-old male who was injured on August 29, 2-13. The patient was transferred out of the field position and sent to "the shops" to work. This is regarded as an undesirable assignment. He feels that his supervisors are trying to provoke him into "losing control of my emotions" bullying me for years. The undesirable transfer greatly upset him. He missed six weeks of work, between September and October of 2013. He states, "When they kicked me out of my field position, my blood pressure and diabetes went out of control". Initial Psychiatry Report dated November 4, 2013 documented the patient stated that he was a "binge drinker" alcoholic for many years. He states, "I would black out and I got diabetes". After he stopped drinking his marital relationship improved, but health problems persisted, primarily diabetes. The patient was diagnosed with diabetes "years ago" but initially it was mild. He also had long-term gastrointestinal problems. Both of these conditions have become much worse since he came under stress at work. He reports that the medications prescribed are beginning to help relieve his gastrointestinal condition. His current medications include Metformin, Glyburide, insulin, Lisinopril and Xanax. He also takes "two pills for my stomach and another for depression". He does not recall the names. He reports that his diabetes has "gotten much worse" and that he now requires more medication for the condition than he did previously. He has a "hard time eating" due to anxiety. He experiences dizzy spells "when my sugar is low". He is also treated for hypertension, and notes that there have been problems controlling this condition now due to stress. He occasionally gets "flashbacks" of stressful or dangerous situations at work. He has hypertension and diabetes. He is not sure when these conditions were first diagnosed. He was hospitalized overnight for high blood pressure at one point. His mother suffers from diabetes and high blood pressure. Causation: The patient's psychiatric condition appears partially caused by his personal actions.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD PRESSURE MONITOR: 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 NSAID (non-steroidal anti-inflammatory drug) Hypertension And Renal Function Page(s): 69-70.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that for patients on NSAIDS, blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. Although the guidelines do not specifically address blood pressure monitor, it is recommended that blood pressure be routinely checked. The medical records do not indicate why the patient, in addition to having his BP checked at his medical visits and noting that his BP is controlled by his medications, why he would not be able to periodically self-check his blood pressure at any of the many local pharmacies and grocery stores that have the machines in them. The request for a blood pressure monitor is not medically necessary or appropriate.

BLOOD GLUCOSE MONITOR WITH STRIPS, LANCETS AND ALCOHOL SWAB: 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), Diabetes Chapter, Glucose Monitoring

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 Official Disability Guidelines recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use. Current glucose monitoring strategies can be classified into two 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. Although some form of glucose self-monitoring has long been available, current-day forms of self-monitoring include self-monitoring of blood glucose (SMBG) and continuous glucose monitoring (CGM), while long-term assessment is most often by A1C. Accuracy of the current generation of CGM devices is not yet deemed sufficient by the FDA to recommend them for routine use. According to the medical records, it is noted that the patient was diagnosed with diabetes many years ago, and he checks his blood glucose level regularly. It is apparent that the

patient already has a glucose monitor and supplies. The request for blood glucose monitor with strips, lancets and alcohol swab, is not medically necessary or appropriate.

A SLEEP STUDY: 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), Pain Chapter, Polysomnography.

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

Decision rationale: According to the ODG, polysomnography is recommended for Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The medical records document the patient was diagnosed with anxiety disorder with depression and alcohol-related disorder, in sustained full remission. The request for a sleep study is not medically necessary or appropriate.