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| <b>Case Number:</b>   | CM14-0104576 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 09/23/2006 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 & 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 injured worker is a 39-year-old male with a reported date of injury on 08/20/2006. The mechanism of injury was noted to be truck driving on dusty roads. His diagnoses were noted to include coccidioidomycosis, diabetes mellitus, chronic neuropathic hyperalgesia, osteomyelitis, chronic nausea, hypertension, diabetic neuropathy, and morbid obesity. His previous treatments were noted to include medications and surgery. The progress note dated 03/11/2014 revealed complaints of fatigue, but it had been better controlled. The injured worker complains of nausea, but was controlling it with ondansetron. The injured worker has held his weight constant and continued to have trouble with diabetic control, but was managing. The physical examination revealed hyperalgesia at the left 3rd finger and distal right leg scar. There was diminished sensation to the feet and ingrown nail activity that was improved. The Request for Authorization form dated 06/11/2014 was for 1 touch blue test 300 per month for diabetes, DSME 1 meeting in the clinic per month, MT training 1 meeting per month for diabetes, [REDACTED] remover wipes 1 box (50) per month for diabetes, and Zofran ODT 8 mg 2 tablets per day for coccidioidomycosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Remover Wipes 1 box (50) per month: 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 and Leg, Durable Medical Equipment.

**Decision rationale:** The injured worker has type 1 diabetes. The Official Disability Guidelines recommend durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require education or modification to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment which can withstand repeated use, could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally not useful to a person in absence of illness or injury, and is appropriate for use in the patient's home. The [REDACTED] [REDACTED] wipe provides a barrier film layer on skin under tapes and there is a lack of documentation regarding adhesive tape to warrant a film barrier. Therefore, the request is not medically necessary.

**Zofran ODT 8mg 2 tabs per day:** 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: Antiemetic -Zofran (Ondansetron)

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

**Decision rationale:** The injured worker does suffer from chronic nausea. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Antiemetics are recommended for acute use, as per FDA approved indications. Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is FDA approved for postoperative use and gastroenteritis. The FDA approval for ondansetron is for postoperative, chemotherapy induced, and gastroenteritis induced nausea. The injured worker does not have the diagnoses appropriate for Zofran and, therefore, Zofran is not medically appropriate. As such, the request is not medically necessary.

**one touch blue test 300/month:** Overturned

**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), Diabetes, Glucose Monitoring.

**Decision rationale:** The injured worker has type 1 diabetes. The Official Disability Guidelines recommend self-monitoring of blood glucose 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 for routine use. Current glucose monitoring strategies can be classified into 2 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 the risk for complications over weeks or months. Although some form of glucose self-monitoring has been available, current day forms of self-monitoring include self-monitoring of blood glucose and continuous glucose monitoring, while long-term assessment is often by A1C. The injured worker has been type 1 diabetic for approximately 6 years and self monitors his blood glucose at home, which makes the 1 touch blue test appropriate. Therefore, the request is medically necessary.

**DSME 1 meeting clinic per month:** 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 Other Medical Treatment Guideline or Medical Evidence: Hodorowicz, MA. (2012). Diabetes Spectrum. Diabetes Journals, 25(2), pp 84-90.

**Decision rationale:** The injured worker has been a type I diabetic for approximately 6 years. "Group medical visits for patient with diabetes may consist of two distinct components: individual medical management and group diabetes self management education/training (DSME/T) or group medical nutrition therapy (MNT). Group DSME/T instructors are typically registered nurses (RNs), registered dietitians (RDs), and/or pharmacists who may also be certified diabetes educators (CDEs); professionals from other disciplines may also teach. MNT is billable to Medicare Part B when provided by RDs or other qualified nutrition professionals. For Medicare billing of DSME/T programs must have accreditation status by either the American Association of Diabetes Educator or the American Diabetes Association. Providers often choose to furnish shared medical appointment initially once per month for patient who are not at clinical targets and then quarterly for ongoing support." The injured worker was managing his diabetes although not in the clinical range. He is not a new onset diabetic and has stated he knows how to count carbohydrates and manage his insulin. Therefore, once a month meetings exceeds guideline recommendations. As such, the request is not medically necessary.

**MNT training 1 meeting per month:** 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 Other Medical Treatment Guideline or Medical Evidence: Hodorowicz, MA. (2012). Diabetes Spectrum. Diabetes Journals, 25(2), pp 84-90.

**Decision rationale:** The injured worker has been a type I diabetic for approximately 6 years. "Group medical visits for patient with diabetes may consist of two distinct components: individual medical management and group diabetes self-management education/training (DSME/T) or group medical nutrition therapy (MNT). Group DSME/T instructors are typically registered nurses (RNs), registered dietitians (RDs), and/or pharmacists who may also be certified diabetes educators (CDEs); professionals from other disciplines may also teach. MNT is billable to Medicare Part B when provided by RDs or other qualified nutrition professionals. Fore Medicare billing of DSME/T programs must have accreditation status by either the American Association of Diabetes Educator or the American Diabetes Association. Providers often choose to furnish shared medical appointment initially once per month for patient who are not at clinical targets and then quarterly for ongoing support." The injured worker was managing his diabetes although not in the clinical range. He is not a new onset diabetic and has stated he knows how to count carbohydrates and manage his insulin. Therefore, once a month meetings exceeds guideline recommendations. As such, the request is not medically necessary.