

<b>Case Number:</b>	CM14-0010627		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/29/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 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 73-year-old female who has submitted a claim for diabetes mellitus and hypertension, uncontrolled and a history of coronary artery disease associated with an industrial injury date of February 6, 2004. Medical records from 2010 to 2013 were reviewed. The patient is being treated for diabetes and hypertension as far back as February 2004. Poor blood pressure and blood sugar control were also noted back then, based on an AME dated February 11, 2010. The patient currently complains of polyuria and polydipsia. Pertinent objective findings include a blood pressure of 140/60 and blood sugar of 140. The diagnoses include diabetes mellitus and hypertension, uncontrolled and a history of coronary artery disease. Treatment plan includes a request for a comprehensive metabolic panel, HbA1c and urine analysis. Treatment to date has included proper diet and exercise, anti-hypertensives, insulin and other oral hypoglycemics. Utilization review from December 23, 2013 modified the request for a comprehensive metabolic panel, HbA1c and urine analysis to 1 comprehensive metabolic panel and HbA1c. Prescription of a comprehensive metabolic panel and HbA1c is clinically warranted because the patient was diagnosed with uncontrolled diabetes mellitus and hypertension. Medical necessity of urinalysis in the treatment of hypertension or diabetes mellitus was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### COMPREHENSIVE METABOLIC PANEL, HbA1C AND URINE ANALYSIS:

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 Other Medical Treatment Guideline or Medical Evidence: American Diabetes Association Clinical Practice Recommendations 2014, Diabetes Care January 2014 (Supplement 1) ([http://care.diabetesjournals.org/content/37/Supplement\\_1](http://care.diabetesjournals.org/content/37/Supplement_1)); American Diabetes Association Diabetes Care: Diabetic Nephropathy ([http://care.diabetesjournals.org/content/25/suppl\\_1/s85.full](http://care.diabetesjournals.org/content/25/suppl_1/s85.full)); Ada County, Idaho Public Health Assessment and Wellness: Basic Metabolic Panel (<http://ada.id.networkofcare.org/ph/library/article.aspx?hwid=tr6151>).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, American Diabetes Association Clinical Practice Recommendations 2014, Diabetes Care January 2014 was used instead. The American Diabetes Association recommends HbA1c as this reflects average glycemia over several months and has strong predictive value for diabetes complications. HbA1C testing should be performed routinely in all patients with diabetes: at initial assessment and as part of continuing care. Measurement approximately every 3 months determines whether a patient's glycemic targets have been reached and maintained. With regards to urinalysis, the ADA states that a routine urinalysis should be performed at diagnosis in patients with type 2 diabetes. After the initial screening and in the absence of previously demonstrated microalbuminuria, a test for the presence of microalbumin should be performed annually. With regards to comprehensive metabolic panel, Ada County, Idaho Public Health Assessment and Wellness states that a basic metabolic panel measures glucose level, electrolyte and fluid balance, and kidney function. In this case, the patient is being treated for diabetes and hypertension as far back as February 2004. Poor blood pressure and glycemic controls were noted back then until now. Due the chronicity and difficulty to control the disease, a work-up such as those requested is clinically warranted to avoid potential complications. The medical necessity has been established. Therefore, the request for a comprehensive metabolic panel, HbA1c and urine analysis is medically necessary.