

Case Number:	CM14-0128456		
Date Assigned:	08/15/2014	Date of Injury:	04/03/2006
Decision Date:	09/25/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 4/3/2006. Current diagnoses included back pain, industrially aggravated diabetes, hypertension, gastroesophageal reflux disease, hypertension, irritable bowel disorder and sleep disorder. His medications include glipizide, metformin, Cozaar, Prilosec and topical medications for pain. The request is for diabetic testing supplies, test strips, lancets and alcohol swabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetic Supplies, Test Strips, Lancets, and Alcohol Swabs for three months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Diabetes, Glucose monitorint.

Decision rationale: CA MTUS is silent on the question of self monitoring of glucose in the diabetic patients. ODG section on Diabetes, Glucose monitoring recommends intermittent self monitoring only for diabetic patients who are treated with insulin or insulin secretagogues (sulfonylureas) as these are the only interventions in which dose adjustments are made based on glucose results from self testing (in the case of insulin) or in which hypoglycemia is a significant

enough risk factor to warrant intermittent self monitoring (in the case of sulfonylureas). In this case, the claimant is treated with glipizide, a sulfonylurea, and diabetic testing supplies are medically indicated for use, with testing at a once daily frequency. The request is medically necessary and appropriate.