

<b>Case Number:</b>	CM14-0129505		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 39 years old male with an injury date on 09/23/2006. Based on the 07/15/2014 progress report provided by [REDACTED], the patient presents with work-related diabetes. The patient's sugar has been well controlled, but he is nervous once he runs out of medications. The 05/26/2014 report indicates the patient again ran out of his Humulin 500 and Humalog and his current blood sugar is at 145. The patient did not have any signs or symptoms of hyperglycemia, dizziness, nausea, vomiting, pain or weakness or any other symptoms. The 05/20/2014 report indicates the patient is III extreme in the obesity classification, BMI greater than 35. The patient had started T-stim insulin pump and U-500 insulin therapy. The patient's diagnoses are; 1. Obesity classification: III extreme, 2. BMI greater than 35, waist circumference adds little predictive power of disease risk, 3. Food and drug interactions: will be reviewed at follow up, 4. Weight related disease risk: extremely high. The utilization review denied the request on 07/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/28/2014 to 07/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Verio SYNC Meter, Two Per Year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.onetouch.com/veriosync](http://www.onetouch.com/veriosync)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Verio SYNC Page(s): 8. Decision based on Non-MTUS Citation AETNA poly number 70, [http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 1 Verio SYNC meter, two per year but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letters states "There is already an insulin pump in place with a Dexcom G4 transmitter. There is no documented medical necessity for this additional glucometer." Verio Sync meter may be appropriate with this particular glucometer being covered by some insurance carriers, but the treater does not explain why the patient needs another set of glucometer when there is one already in place. The treater does not discuss why this unit is needed in particular. MTUS page 8 requires that the treater provide monitoring and make appropriate recommendations. In this case, the treater does not discuss the request. Therefore, the request is not medically necessary.

**[REDACTED] Verio Control Solution, 1 Per Quarter Year: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.onetouch.com/veriosync](http://www.onetouch.com/veriosync)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Verio SYNC Page(s): 8. Decision based on Non-MTUS Citation AETNA poly number 70, [http://www.aetna.com/cpb/medical/data/1\\_99/0070.html](http://www.aetna.com/cpb/medical/data/1_99/0070.html).

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 1 Verio control solution, 1 per quarter year but the treating physician's report and request for authorization containing the request is not included in the file. The Verio Control Solutions are used to check that the blood glucose meter and test strips are working together properly and that the test is performing correctly. In this case, the requested 1 Verio SYNC control solution may serve a medical purpose. However, there was no discussion as to why the patient needed the solution and the verio Sync glucometer has been denied. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request is not medically necessary.

**Two Endevr ID Bracelets (MYID LUX): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.endevr.com/id-bracelets/myid](http://www.endevr.com/id-bracelets/myid)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Endevr ID Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee Chapter online for DME AETNA guidelines for eligible medical

expenses:

[http://www.aetna.com/members/fsa/eligibleExpenses/healthcareFSA/healthexpenses\\_M.html](http://www.aetna.com/members/fsa/eligibleExpenses/healthcareFSA/healthexpenses_M.html)

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 Endevr ID bracelets (MYID LUX); a customizable emergency Medical ID bracelet. The treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the medical ID is primarily used for medical purpose. AETNA guidelines also consider medical bracelets and necklaces an eligible expense. The request appears reasonable given the patient's significant diabetic condition. Therefore, the request is medically necessary.

**Two Endevr ID Bracelets (MYID Cadence): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.endevr.com/id-bracelets/myid](http://www.endevr.com/id-bracelets/myid)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Endevr ID Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 Two Endevr ID bracelets (MYID Cadence); a customizable emergency Medical ID bracelet. The treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, a medical bracelet may be indicated but the treater does not explain what the customizable bracelet is all about. The treater has to explain what this is. Medical bracelet is supported but the customizable bracelet is not. Therefore, the request is not medically necessary.

**Refrigerator: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting a refrigerator but

the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested refrigerator does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request is not medically necessary.

### **Two Large Polar Bear Medical Coolers: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by ██████████ this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 large polar bear medical coolers but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested 2 large polar bear medical coolers does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request is not medically necessary.

### **Two Polar BBC Thermometers: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by ██████████ this patient presents with work-related diabetes; "sugar have been well controlled. The treater is requesting Polar BBC thermometers but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Polar BBC thermometers does not necessarily serve a specific

medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request is not medically necessary.

**Three Polar Bear Ice: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Low back Chapter online for cold/hot packs

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; "sugar have been well controlled. The treater is requesting Polar BBC thermometers but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Polar BBC thermometers does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request is not medically necessary.

**Pelican Case 1600 EMS: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting Pelican case 1600 EMS; a personnel multi-layer lid organizer with numerous clean pockets. The treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Pelican case 1600 EMS does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Importantly, the treater does not explain why such a case is needed. Presumably, the case may be prescribed by the treater to manage the patient's diabetic instruments but such a large case is not necessary. Therefore, the request is not medically necessary.

### **Two Pelican Biopharma Cases (BP2075): 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 Pelican biopharma case (BP2075) but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Pelican biopharma case (BP2075 ) does not necessarily serve a specific medical purpose that is germane to this patient. This case is apparently a temperature controlled case but the treater does not explain why it is a medical necessity. There is no specific need from the diabetic management for temperature controlled medication. Therefore, the request is not medically necessary.

### **Two Pelican Biopharma Cases (BP2620): 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar have been well controlled. The treater is requesting 2 Pelican biopharma cases (BP 2620) but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested Pelican biopharma cases (BP 2620) does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. Therefore, the request is not medically necessary.

### **Four Pelican Microcases #1060 Clear With Yellow Liner With Two Refills Within a Year: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 4 Pelican microcases #1060 clear with yellow liner with 2 refills within a year. The treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested 4 Pelican microcases does not necessarily serve a specific medical purpose specific to this patient's needs. The treater does not explain why the cases that come with the diabetic medication are not adequate. Therefore, the request is not medically necessary.

**Smith and Nephew Remove Adhesive Remover, 1 Box Per Month (Box of 50): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.smith-nephew.com/professional/products/all-products/remove](http://www.smith-nephew.com/professional/products/all-products/remove)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Smith and Nephew remove Page(s): 8.

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting Smith and Nephew remove, 1 box per month (box of 50). Smith and Nephew is an Adhesive Remover; can be used anywhere there's a need for an adhesive dressing. Review of reports does not show the patient is using adhesive dressing or that the patient has difficulty removing adhesive tapes. Given the lack of discussion from the treater, the request is not medically necessary.

**Two Camelbak BFM: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 Camelbak BFM, a military grade back pack with tactical hydration packs. The treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested 2 Camelbak BFM does not necessarily serve a specific medical purpose and can also be useful in absence of illness or injury just as a comfort measure. There is no discussion in the reports as to why this type of back pack is medically necessary. Therefore, the request is not medically necessary.

**Two Camelbak Replacement Bladders: 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), Knee & Leg Chapter, General DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC guidelines, Knee Chapter online for DME

**Decision rationale:** According to the 05/20/2014 report by [REDACTED] this patient presents with work-related diabetes; sugar has been well controlled. The treater is requesting 2 Camelbak replacement bladders but the treating physician's report and request for authorization containing the request is not included in the file. Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the Camelbak BFM is not medically indicated and the bladder that goes with the Camelbak would not be indicated either. Therefore the request is not medically necessary.