

<b>Case Number:</b>	CM14-0131766		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Occupational 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 application for independent medical review was signed on August 12, 2014. It dealt with Prilosec, diabetic supplies and Medrox patches. It is noted that the prospective request for Accu-Chek blood glucose testing between July 1, 2014 and July 1, 2014 was certified. The diabetic test strips though were non-certified, the Medrox patches likewise were non-certified and one fasting lab test was non-certified. Per the records provided, the patient is a 53-year-old female injured on August 24, 2007. As of July 1, 2014, there was gastritis, irritable bowel syndrome, diabetes mellitus, hypertension with atrial enlargement, hyperlipidemia, sleep disorder, palpitations, vitamin D deficiency, granuloma and orthopedic complaints. Subjective findings as of July 1 included acid reflux and gastritis that improved with medicines. There was also hypertension, sleep quality, palpitations and shortness of breath, less nausea and vomiting and the blood pressure was controlled. The previous reviewer noted that guidelines recommend glucose monitoring for people with type I and II diabetes who use insulin therapy, but not for continuous glucose monitoring or routine use. The patient has been diagnosed with diabetes and has been under long-term medication management for the condition. The MTUS does not address diabetic testing supplies. Self-monitoring of blood glucose has a small effect on glycemic control in patients with type II diabetes who are not using insulin. Medicines include Dexilant, ranitidine, simethicone, Victoza with needles, metformin, metoprolol, amitriptyline, Benicar and diabetic test strips lancets and alcohol swabs. The glucose average on the blood log dated March 11, 2014 was 117. There is been no change in her acid reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitors Page(s): 68.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.

**Diabetic test strips/lancets/alcohol swabs with 2 refills:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: The Medical Disability Advisor, <http://www.mdguidelines.com/diabetes-mellitus-type-ii>.

**Decision rationale:** The MTUS and ODG is silent. Per the Medical Disability Advisor on Diabetes treatment, it is not logical to test blood sugar if a person is on oral medicines. It is not clear what one would do or change with oral medicines if extremes were found in the testing whereas, if a person was on insulin, the dose could easily be modified. The request is appropriately non-certified based on this guidance.

**Medrox patches #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** Regarding Medrox, CA MTUS note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox is a compounded agent which contains Methyl Salicylate 20 percent, Capsaicin

0.0375 percent, and Menthol 5 percent. There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. With the report provided, there are no indications of failed trials of first-line recommendations (antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. With these in consideration, medical necessity is not established for the requested topical agent.

**Fasting labs test (DM profile, GI profile, urinalysis): 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: The Medical Disability Advisor, <http://www.mdguidelines.com/diabetes-mellitus-type-ii>.

**Decision rationale:** The MTUS and ODG is silent on fasting tests. Per the Medical Disability Advisor on Diabetes treatment, it is not logical to test blood sugar if a person is on oral medicines. It is not clear what one would do or change with oral medicines if extremes were found, whereas, if a person was on insulin, the dose could be easily exhausted. The request for fasting blood work is appropriately non-certified based on this guidance.