MAXIMUS Federal Services

Case Number:	CM14-0152533		
Date Assigned:	10/23/2014	Date of Injury:	02/19/2002
Decision Date:	11/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 injured worker is a 59-year-old male who reported an injury due to cumulative trauma on 02/19/2002. On 07/23/2014, his diagnoses included gastritis; internal hemorrhoids; blurred vision, rule out secondary to headaches versus diabetes/hypertension; chest pain, rule out cardiac versus epigastric; diverticular disease per colonoscopy; colonic polyp/tubular adenoma, status post polypectomy; gastric xanthelasma; intestinal metaplasia; diabetes mellitus, triggered by work related injury; paresthesia of the bilateral upper extremities and bilateral lower extremities, rule out diabetic polyneuropathy; hypertension triggered by work related injury and hyperlipidemia. His medications included Benicar 20 mg, Prilosec 20 mg, simvastatin 10 mg, metformin 850 mg, Victoza 1.2 mg, probiotics twice daily, and ASA 81 mg. Sentra AM and PM were added at that visit. This injured worker reported that his blood pressure and blood glucose were stable at home. He reported no changes in his vision or acid reflux. He reported no changes with his occasional chest pain and shortness of breath in the middle of the night which disrupted his sleep. He complained of increased urinary frequency in the morning and at night and was sleeping 4 to 5 hours nightly, waking 3 to 4 times due to back pain. He noted less frequent headaches. He reported frequent episodes of melena 1 to 2 times a week. His blood glucose Accu-Chek was 106 mg/dL. It was noted that his gastrointestinal disturbance and resultant rectal bleeding were likely triggered by his use of non-steroidal anti-inflammatory medications and narcotic analgesics, as well as stress. The report noted that since there was no evidence of pre-existing sleep problems, it was highly likely that this complaint is attributable to pain and stress, both of which are known to significantly impact sleep quality. The treatment recommendations included Sentra AM and Sentra PM and aspirin 81 mg. There was no rationale included in the injured worker's chart. A Request for Authorization dated 07/23/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Accu-Chek testing (DOS: 07/23/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of diabetes mellitus. Washington (DC): Department of Veteran Affairs, Department of Defense; 2010 Aug 146 p.

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 request for retrospective Accu-Chek testing DOS 07/23/2014 is not medically necessary. 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 including diet, exercise or medication dose, or long term assessment, which allows both the patient and the clinician to evaluate overall glucose control and risk for complications over weeks or months. A blood glucose Accu-Chek was performed during the examination on 07/23/2014 with the results of 106 mg/dL. There was no rationale or justification for a second glucose Accu-Chek. Therefore, this request for retrospective Accu-Chek testing DOS 07/23/214 is not medically necessary.

Sentra AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical Food

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

Decision rationale: The request for Sentra AM #60 is not medically necessary. The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered, the product must, at a minimum, meet the following criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and the product must be used under medical supervision. Sentra AM is intended for use in the

management of chronic and generalized fatigue, fibromyalgia, post-traumatic stress syndrome, neurotoxicity induced fatigue syndrome, and cognitive impairment involving arousal, alertness, and memory. There was no evidence in the submitted documentation that this injured worker has any of the above conditions. Additionally, the request did not include frequency of administration. Therefore, this request for Sentra AM #60 is not medically necessary.

Sentra PM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical Food

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

Decision rationale: The request for Sentra PM #60 is not medically necessary. The Official Disability Guidelines define medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered, the product must, at a minimum, meet the following criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5 hydroxytryptophan. It was noted in the submitted documentation that this injured worker's sleep disorder, rule out obstructive sleep apnea, was deferred to his primary treating physician, and was due to pain. There was no evidence that he was suffering from depression or sleep disorder related to depression. Additionally, the request did not include frequency of administration. Therefore, this request for Sentra PM #60 is not medically necessary.

Acetylsalicylic Acid (ASA) 81mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

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

Decision rationale: The request for ASA 81 mg #30 is not medically necessary. The Official Disability Guidelines note that antiplatelet therapy is under study. The use of aspirin for primary prevention has become controversial due to recent data showing little benefit. Several recent

analyses show no statistically significant benefit on either total cardiovascular outcomes or the individual events such as death, myocardial infarction, or stroke. The controversial findings of the different studies may reflect the results of studies showing that patients with diabetes mellitus have an increased resistance to the effects of aspirin, linked in part to the effect of hyperglycemia. Additionally, this injured worker was having episodes of melena 1 to 2 times per week, indicative of internal bleeding. Due to its anticoagulant activity, aspirin is contraindicated in cases of internal gastrointestinal (GI) bleeding. Furthermore, the request did not include frequency of administration. Therefore, this request for ASA 81 mg #30 is not medically necessary.