Case Number:	CM14-0169213		
Date Assigned:	10/17/2014	**Date of Injury:**	03/30/2010
Decision Date:	12/10/2014	**UR Denial Date:**	10/08/2014
Priority:	Standard	**Application Received:**	10/14/2014

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 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:

This is a case of a 51 years old male with a date of injury of 3/30/2010. In a primary treating physician report by [redacted] dated 5/19/2014, the patient is noted to have Hypertension with right ventricular hypertrophy and diastolic dysfunction aggravated by work-related injury, Diabetes Mellitus, aggravated by work-related injury, Hyperlipidemia, and Sleep disorder, rule out obstructive sleep apnea. In [redacted] report dated 9/9/2014, the patient reports no changes in his sleep quality and denies any chest pain or shortness of breath. On physical exam, he is alert, cooperative and pleasant. His blood pressure is 135/84, heart rate is 64 beats per minute and his blood glucose is 117 mg/dL. The rest of his physical examination is unremarkable except for having an obese abdomen. It was reported that a stress echo dated 7/25/2014 was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lytensopril (Hypertensa) #90/ Lisinopril 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicalfoods.com

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: On-Line Version of Physician Desk Reference, Updated 2014.

Decision rationale: CA MTUS does not address this particular request. Based on the internet version of Physician's Desk Reference, Lisinopril is an angiotensin converting enzyme inhibitor (ACE-I) and is used regularly in the treatment of Hypertension, Heart Failure, and after Myocardial Infarctions. In this specific case, the patient does suffer from hypertension and it is recommended that his hypertension continue to be treated. However, there is no evidence that Lytensopril (Hypertensa) which included the active ingredient of Arginine is recommended for treatment of hypertension in this patient. Therefore, since Lytensopril is not medically necessary, then the request for Lytensopril (Hypertensa) #90/Lisinopril 20 mg #30 is not medically necessary.

Accuchex blood glucose test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Diabetes Procedure Summary

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: UpToDate On-Line Version, updated 1/8/2014, Last literature review Nov 2014.

Decision rationale: Based on information obtained from the On-Line Version of UpToDate, they report that checking your blood sugar is one of the best ways to know how well your diabetes treatment plan is working. Continuous glucose monitors have also become popular, especially for people who use an insulin pump. A healthcare provider will periodically order a laboratory blood test to determine your blood sugar levels and hemoglobin A1c (A1c). This test gives an overall sense of how blood sugar levels are controlled since it indicates your average blood sugar level of the past 2-3 months. However, fine-tuning of blood sugar levels and treatment requires that you monitor your own blood sugar levels on a day-to-day basis. In this case, the patient is diagnosed with diabetes and is on oral hypoglycemic medications. It is advisable that he have his blood glucose checked regularly. However, the request for Accuchex Blood Glucose Check is quite vague. There is no request as to frequency of blood glucose monitoring or mention of supplies necessary for blood glucose monitoring. Therefore, based on Up-to-date information and the evidence in this case, the request for Accuchex Blood Glucose Check is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test (UDT). Decision based on Non-MTUS Citation ODG, Urine Drug Test (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,88, and 94..

Decision rationale: Based on MTUS guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Criteria used to define serious substance misuse in a multi-disciplinary pain management program include: (a) cocaine or

amphetamines on urine toxicology screen; (b) procurement of opioids from more than one provider on a regular basis; (c diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. Also included under the heading of Opioids, steps to avoid misuse/addiction, it states that for those at high risk of abuse, frequent random urine toxicology screens are recommended. In this particular case, there is no evidence of the patient being on opioid medication and no indication or mention of substance abuse of any kind. Therefore, based on MTUS guidelines and the evidence in this case, the request for a Urine Toxicology Screen is not medically necessary.

DM & HTN Profiles, Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A textbook of Cardiovascular Medicine, 7th Edition

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: UpToDate On-Line Version, updated 1/8/2014, Last literature review Nov 2014

Decision rationale: Based on information obtained from the On-Line Version of UpToDate, they report that checking your blood sugar is one of the best ways to know how well your diabetes treatment plan is working. Continuous glucose monitors have also become popular, especially for people who us an insulin pump. A healthcare provider will periodically order a laboratory blood test to determine your blood sugar levels and hemoglobin A1c (A1c). This test gives an overall sense of how blood sugar levels are controlled since it indicates your average blood sugar level of the past 2-3 months. However, fine-tuning of blood sugar levels and treatment requires that you monitor your own blood sugar levels on a day-to-day basis. In this case, the request for DM and HTN labs is also quite vague. Labs to screen and follow Hypertension and Diabetes vary based on the individuals medication therapy. Labs including a comprehensive metabolic panel, basic metabolic panel, fasting lipid panel, hemoglobin A1c, and micro albumin level are among the many options there are to follow diabetes and hypertension. There was no specification as to which labs were requested. Therefore based on the lack of specificity and current practice guidelines as well as the evidence in this case, the request for DM and HTN labs is not medically necessary.

Cardiorespiratory Testing & Sudoscan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease

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: On-Line Version of Diabetes Technology & Therapeutics; Sudoscan, a Noninvasive Tool for Detecting Diabetic Small Fiber Neuropathy and Autonomic Dysfunction; Nov. 2013

Decision rationale: Physical inactivity is a modifiable risk factor for cardiovascular disease and metabolic disorders. VO2 max is the best method to assess cardio-respiratory fitness level but it is poorly adopted in clinical practice. Sudomotor dysfunction may develop early in metabolic diseases. Sudoscan tests small C fiber nerve damage in subjects with predicaments or metabolic syndrome. At the moment, physicians have no tools to quickly and easily screen peripheral neuropathy, other than the use of biopsy methods that are clearly invasive in nature. Skin biopsies are not performed routinely, especially on diabetic patients with feet lesions. This leaves Sudoscan, which has huge potential to be used by physicians to follow-up patients with Type 2 diabetes as part of the ADA guidelines. In this case, the patient does have Type 2 diabetes and is on oral hypoglycemic medications, but there is no mention of diabetic neuropathy or monofilament testing for diabetic peripheral neuropathy which is currently the preferred method of screening for diabetic peripheral neuropathy. Neither Sudoscan nor cardio respiratory testing is currently part of the ADA (American Diabetic Association) guidelines. Also in this case, the patient has no reports of chest pains or shortness of breath and a recent stress echo dated 7/25/2014 was found to be unremarkable. Therefore based on the evidence in this case and the current recommended practice guidelines, the request for Cardio respiratory testing and Sudoscan is not medically necessary.