

Case Number:	CM14-0034451		
Date Assigned:	06/20/2014	Date of Injury:	03/07/2009
Decision Date:	08/05/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 02/07/2009. An AME Report by [REDACTED] dated 11/22/2010 identified the mechanism of injury as being struck by a bottle by a customer who was trying to steal, resulting in left head, neck, arm, and back pain. An office visit note by [REDACTED] dated 02/04/2014 reported the worker's blood pressure and self-monitored blood glucose levels were well-controlled. The documented examination showed the blood glucose level was measured as 109 mg/dL in the office, and no abnormal findings were described. The reviewed documentation concluded the worker was suffering from high blood pressure, gastroesophageal reflux disease, high cholesterol, type 2 diabetes mellitus, and diabetes-associated neuropathy. The treatment plan included refilling the worker's medications, continuing self-monitoring of blood glucose levels, and follow up consultations with gastroenterology and ophthalmology to monitor for possible complications of diabetes. The worker was encouraged to continue diet restrictions to maximize control of blood glucose levels and to also bring the machine to the next visit in order to evaluate all of the recorded glucose levels. A Utilization Review decision by [REDACTED] was rendered on 02/20/2014 recommending non-certification for test strips, lancets, and alcohol swabs for self-monitoring of blood glucose levels and a liraglutide (Victoza) pen with needles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Test Strips, lancets, and alcohol swabs for a month month supply: Overturned

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

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: McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 17.0. UpToDate accessed 07/28/2014. American Diabetes Association. Standards of medical care in diabetes--2014. Diabetes Care 2014; 37(suppl 1): S1.

Decision rationale: The MTUS Guidelines are silent on this issue. The general benefit of self-monitoring of blood glucose levels remains controversial in the literature. The ADA Guideline and available literature support its use for some people with diabetes as one component of the care plan. [REDACTED] office visit note dated 02/04/2014 described the blood glucose levels as well-controlled. The documented treatment plan included the instructions to not only continue to self-monitor the blood glucose levels, but to also bring the machine to the next visit in order to evaluate all of the recorded levels. This suggests the worker is receiving benefit from self-monitoring. For this reason, the current request for test strips, lancets, and alcohol swabs to self-monitor the blood glucose level in the setting of type 2 diabetes mellitus is medically necessary.

Victoza pen with needles for a 1 month supply x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th edition (web), 2013, Diabetes Chapter, Glucagon-like peptide-1 (GLP-1) agonists.

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: McCulloch DK, et al. Management of persistent hyperglycemia in type 2 diabetes mellitus. Topic 1790, version 34.0. UpToDate, accessed 07/28/2014. American Diabetes Association. Standards of medical care in diabetes--2014. Diabetes Care 2014; 37(suppl 1): S1.

Decision rationale: The MTUS Guidelines are silent on this issue. Liraglutide (Victoza) is a medication in the glucagon-like peptide-1 receptor agonist class. The literature supports its use when diabetes is not controlled with diet, exercise, and first-line oral medications. Liraglutide is often added when the maximum doses of one or two other diabetes medications are unable to control the person's blood sugar levels. [REDACTED] office visit note dated 02/04/2014 indicated the worker was taking two additional first-line medications to control blood sugar levels, and neither was at maximum dosing. The documentation described the blood sugar levels as well-controlled. There was no suggestion that the sugar levels had previously not been controlled, and no laboratory results were submitted indicating a lack of control. In the absence of such evidence, the current request for liraglutide (Victoza) and needles is not medically necessary.

