

Case Number:	CM14-0041737		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2007
Decision Date:	12/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/09/2014

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 New York. 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 52 year old male with a date of injury of 07/24/2004. While working as a welder, a tank exploded and he sustained burns on his upper torso, both arms, face and hands. He was hospitalized for three weeks. He also had cervical and lumbar degenerative disease. He has back pain that radiated to both lower extremities. He had epidural steroid injections and physical therapy. On 08/21/2013 the HbA1c was 7. On 10/23/2013 he was 5'10" tall and weighed 249 pounds. Glucose was 116. His medication included Gaviscon, ASA 81 mg, Atenolol, Prilosec, AppTrim (appetite suppressant) and HCTZ. He had hypertension. On 02/10/2014 his medication included HCTZ, Lisinopril, Atenolol, Prilosec, Gaviscon and ASA. On 03/05/2014 his medication included Metformin 500 mg daily and Gaviscon. On 07/22/2014 his medication included Valium, Fluoxetine, Norco, Atenolol, Gabapentin, Seroquel and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diabetic Test Strips/Lancets/Alcohol Swabs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), regarding Diabetic Test Strips/Lancets/Alcohol Swabs; Diabetes Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: There are no MTUS, ACOEM or ODG guidelines. The patient has diabetes, The HbA1c was 7. Diabetes management includes glucose measurement and the requested tests strips for glucose testing is medically necessary. This is not for screening as the patient has a diagnosis of diabetes.

Metformin #30 50mg daily (copak with AppTrim #120): 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), Metformin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: There are no MTUS, ACOEM or ODG guidelines. The patient has diabetes, The HbA1c was 7. However, the requested Metformin (used to treat diabetes) is combined with a copak with AppTrim, which is a medical food supplement appetite suppressant. AppTrim is not a treatment for diabetes and is alternative medicine. It is not medically necessary. Thus, the combined Metformin/AppTrim is not medically necessary since the AppTrim component is requested and is not medically necessary.

Gaviscon: 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 Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: There are no MTUS, ACOEM or ODG guidelines. The patient has diabetes, The HbA1c was 7. There is no documentation of GERD, peptic ulcer or any GI disease. He has been treated with a PPI - Prilosec. Gaviscon is an antacid and there is no documentation provided to substantiate that it is medically necessary.