

Case Number:	CM14-0098776		
Date Assigned:	07/28/2014	Date of Injury:	06/13/1994
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family 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 patient is a 53-year-old woman who was injured at work on June 13, 1994. The injury was to her head, buttocks and low back. She is requesting review of denial for the use of One (1) Contour Monitor, Strips and Lancets for the management of her Type 2 Diabetes. In addition to her chronic pain syndrome, the patient has Type 2 Diabetes. She underwent a Comprehensive Internal Medicine Consultation/Agreed Medical Evaluation on December 17, 2009. At this evaluation she described her ongoing problems in the management of her diabetes due to her chronic pain. She was ultimately placed on two oral medications for diabetes; namely, Januvia and Glipizide. She had been approved on October 9, 2013 for an Accucheck Blood Glucose Monitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Contour monitor: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2 and Gestational), Glucose Monitoring.

Decision rationale: The Official Disability Guidelines comment on the use of blood glucose monitoring for the treatment of diabetes. These guidelines recommend self-monitoring of blood glucose (SMBG) 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 (CGM) for routine use. The medical records indicate that this patient has Type 2 Diabetes and is not on an insulin regimen. Therefore, she does not meet the ODG criteria for the use of a blood glucose monitor. Further, the medical records indicate that she has already been authorized for the use of an Accucheck Blood Glucose Monitor. There is no medical justification for the use of two different types of blood glucose monitors. Finally, given that there is no indication for the Contour Monitor, there is no indication for the Contour strips or Contour lancets. The request for one Contour monitor is not medically necessary or appropriate.

One hundred contour strips: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2 and Gestational), Glucose Monitoring.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

One hundred Contour lancets: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2 and Gestational), Glucose Monitoring.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.