

<b>Case Number:</b>	CM15-0191436		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 48 year old female who sustained an industrial injury December 14, 2013. Diagnoses are cervical spine sprain, strain cervicogenic headaches; thoracic spine strain, sprain; coccydynia; lumbar spine degenerative disc disease, facet synovitis; bilateral shoulder impingement syndrome; right foot plantar fasciitis; Baxter's neuropathy of the right foot; neuromas of the second and third interspace of the right foot; diabetes mellitus; obesity; adjustment disorder with depressed mood; sleep disorder. According to a primary treating physician's handwritten progress report dated August 17, 2015, the injured worker presented with complaints of neck, lumbosacral and bilateral shoulder pain. The physician documented the injured worker's blood sugar remains out of control at 401. He is unable to proceed with an epidural injection of the shoulder until the diabetes mellitus is in good control. Objective findings (documented as a checklist) included; 5'2" and 234 pounds; difficulty rising and achieving recumbency; posture erect and gait within normal limits. The worker's diabetes medications included metformin and glipizide. Some handwritten notes are difficult to decipher. At issue, is the request for authorization for Glucometer purchase, lancets and test strips. A urine toxicology report dated August 14, 2015, is present in the medical record. According to utilization review dated September 3, 2015, the request for ETOH (alcohol) Swabs (1) box, Refill: (1) is certified. The requests for Glucometer for purchase, Test Strips, and Lancets are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucometer (purchase): 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), Diabetes - Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Blood glucose self-monitoring in management of adults with diabetes mellitus.

**Decision rationale:** At issue in this review is the request for a glucometer, test strips and lancets in an injured worker with diabetes. The worker is not insulin dependent and medications include metformin and glipizide. An isolated blood glucose of 401 in an office visit prompted the request for authorization of the items under review. Self-monitoring of blood glucose is critical in Type 1 diabetics who use insulin. Component of the intensive insulin regimen recommended for most patients with type 1 diabetes. The effectiveness of self monitoring of blood glucose to improve glycemic control in patients with type 2 diabetes who are not taking insulin is not clear and some studies have shown benefit and others not. There is no evidence to support an impact on quality of life or long-term diabetes complications. This injured worker is not taking insulin and the provider did not explore his current diabetes regimen, testing or control with dietary measures. The medical necessity of a glucometer with test strips and lancets is not substantiated in the records. The request is not medically necessary.

**Test 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 (ODG), Diabetes - Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Blood glucose self-monitoring in management of adults with diabetes mellitus.

**Decision rationale:** At issue in this review is the request for a glucometer, test strips and lancets in an injured worker with diabetes. The worker is not insulin dependent and medications include metformin and glipizide. An isolated blood glucose of 401 in an office visit prompted the request for authorization of the items under review. Self-monitoring of blood glucose is critical in Type 1 diabetics who use insulin. component of the intensive insulin regimen recommended for most patients with type 1 diabetes. The effectiveness of self monitoring of blood glucose to improve glycemic control in patients with type 2 diabetes who are not taking insulin is not clear and some studies have shown benefit and others not. There is no evidence to support an impact on quality of life or long-term diabetes complications. This injured worker is not taking insulin and the provider did not explore his current diabetes regimen, testing or control with dietary

measures. The medical necessity of a glucometer with test strips and lancets is not substantiated in the records. The request is not medically necessary.

**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 (ODG), Diabetes - Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Blood glucose self-monitoring in management of adults with diabetes mellitus.

**Decision rationale:** At issue in this review is the request for a glucometer, test strips and lancets in an injured worker with diabetes. The worker is not insulin dependent and medications include metformin and glipizide. An isolated blood glucose of 401 in an office visit prompted the request for authorization of the items under review. Self-monitoring of blood glucose is critical in Type 1 diabetics who use insulin. Component of the intensive insulin regimen recommended for most patients with type 1 diabetes. The effectiveness of self monitoring of blood glucose to improve glycemic control in patients with type 2 diabetes who are not taking insulin is not clear and some studies have shown benefit and others not. There is no evidence to support an impact on quality of life or long-term diabetes complications. This injured worker is not taking insulin and the provider did not explore his current diabetes regimen, testing or control with dietary measures. The medical necessity of a glucometer with test strips and lancets is not substantiated in the records. The request is not medically necessary.