

Case Number:	CM15-0194723		
Date Assigned:	10/08/2015	Date of Injury:	12/14/2002
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 12-14-02. A review of the medical records indicates he is undergoing treatment for chronic pain syndrome , lumbar sprain and strain, rule out herniated nucleus pulposus, status post knee surgery, status post percutaneous transluminal coronary angioplasty, and diabetes mellitus secondary to chronic pain. Medical records (4-15-15 to 9-16-15) indicate ongoing complaints of bilateral knee pain and back pain. He rates his pain "6 out of 10" with use of medications and "10 out of 10" without medications. The physical exam (8-19-15) reveals decreased range of motion, spasms, and positive straight leg raise. The treating provider indicates an antalgic gait, difficulty with squatting and kneeling, as well as the inability to toe walk or heel walk. His blood sugars have ranged from "101" to "150s" (4-15-15 to 9-16-15). His medications include Metformin 850mg three times daily, Invokana 300mg twice daily, Victoza 1.8mg subcutaneously daily, Percocet 10-325 twice daily as needed, Viibryd 4mg daily, Valium 10mg at bedtime as needed, and Nitroglycerin as needed. The treating provider requests authorization for HbA1C (glycosylated hemoglobin) on 8-19-15 "since he's not had any blood work done in the past 6 months". His diet was discussed. The utilization review (9-25-15) indicates denial of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemistry HBA1c related to diabetes melitus secondary to chronic pain, as outpatient,
Qty 1: 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 American Diabetes Association Guidelines.

Decision rationale: The patient is a 61 year-old man with chronic pain syndrome secondary to an industrial accident almost 13 years ago. The request is for a Hemoglobin A1C test to monitor his diabetes mellitus. The request states "HGB A1C related to diabetes mellitus secondary to chronic pain." Chronic pain is not a known cause of diabetes mellitus. Causes of diabetes are not specifically known, but genetic and environmental factors may play a role. However current scientific evidence does not support chronic pain as a cause of diabetes. Therefore the request is not medically necessary or appropriate.