

Case Number:	CM15-0208105		
Date Assigned:	10/28/2015	Date of Injury:	09/23/2006
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 40-year-old male, who sustained an industrial injury on 9-23-06. The injured worker was being treated for coccidioidomycosis, diabetes and hypertension. On 9-10-15, the injured worker reports night sweats, but no fever, active nausea, but less than previous; pain in right scapula has improved and sleep has been marginal. Work status is unclear. Physical exam performed on 9-10-15 revealed pitting of bilateral extremities, right leg lesion, 3rd finger hyperalgesia to light touch, lumbar straightening; mild trigger point at L5, blood sugar has been fairly good. Progress notes were difficult to read. Treatment to date has included insulin, oral medications including OxyContin and Oxycodone; and activity modifications. Request for authorization was submitted on 9-10-15 for Humulin R U-500 for 1 year, Levemir for 1 year, Humalog U200 for insulin pump x 12 refills, Afrezza for 1 year, diabetic dental visit with cleaning 3 visits per year, waterpik 1 unit, waterpik refill pack 1 new tip per month for 1 year, electric toothbrush 1 per year, electric toothbrush 4 refills per year, 12 tubes of toothpaste per year, HCTZ 25mg with 12 refills, Atenolol 50mg 12 refills and Losartan 100mg with 12 refills. On 10-2-15 request for Humulin R U-500 for 1 year was non-certified by utilization review, Levemir for 1 year was non-certified by utilization review, Humalog U200 for insulin pump x 12 refills was non-certified by utilization review, Afrezza for 1 year was non-certified by utilization review, diabetic dental visit with cleaning 3 visits per year was modified to 1 visit with no cleaning, waterpik 1 unit, waterpik refill pack 1 new tip per month for 1 year was non-certified by utilization review, electric toothbrush 1 per year was non-certified by utilization review, electric toothbrush 4 refills per year was non-certified by utilization review, 12 tubes of toothpaste per year was non-certified by utilization review, HCTZ 25mg with 12 refills modified to #30 with 3 refills, Atenolol 50mg 12 refills modified to #60 with 3 refills and Losartan 100mg with 12 refills modified to #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Humulin R U-500 for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Anti-glycemics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. A recent hypoglycemic alert was recorded for this patient without clear documentation of medication change, diabetic teaching and compliance. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting in the submitted medical record. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring with an episode of severe hypoglycemia, the requested medication is not indicated at this time until further diabetic management can be arranged. Therefore, based on the submitted medical documentation, the request for Humulin R is not medically necessary.

Levemir for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Anti-glycemics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. A recent hypoglycemic alert was recorded for this patient without clear documentation of medication change, diabetic teaching and compliance. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting in the submitted medical record. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring with an episode of severe hypoglycemia, the requested medication is not indicated at this time until further diabetic management can be arranged. Therefore, based on the submitted medical documentation, the request for Levemir is not medically necessary.

Humalog U200 for insulin pump x12 refills/1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Anti-glycemics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. A recent hypoglycemic alert was recorded for this patient without clear documentation of medication change, diabetic teaching and compliance. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting in the submitted medical record. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring with an episode of severe hypoglycemia, the requested medication is not indicated at this time until further diabetic management can be arranged. Therefore, based on the submitted medical documentation, the request for Humalog U200 is not medically necessary.

Afrezza for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Insulin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Anti-glycemics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS, ACOEM and ODG guidelines do not address the topic of diabetes medications. The medical records reflect that this patient has been poorly compliant with their diabetes medications. A recent hypoglycemic alert was recorded for this patient without clear documentation of medication change, diabetic teaching and compliance. Current clinic notes do not reflect that the patient has been up to date on a daily blood glucose log or routine carbohydrate counting in the submitted medical record. The medication prescribed has the potential for hypoglycemia if not taken according to instructions with proper glucose monitoring. Since the patient's records indicate poor glycemic control and monitoring with an episode of severe hypoglycemia, the requested medication is not indicated at this time until further diabetic management can be arranged. Therefore, based on the submitted medical documentation, the request for Afrezza is not medically necessary.

Diabetic Dental visit with cleaning, 3 visits/year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127, 156.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Oral Hygiene.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Official Disability Guidelines state that dental caries can result insignificant inflammatory processes, which accelerate atherosclerotic activity and infection. Routine dental cleaning is recommended 2x per year by the American Dental Association for diabetic and non-diabetic individuals. The reason for 3x per year dental visits is unclear in this request. Without further justification for the extra cleanings, the request is not indicated. Therefore, based on the submitted medical documentation, the request for diabetic dental cleanings is not medically necessary.

Waterpik 1 unit/1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lyle, DM. "Relevance of the Water Flosser: 50 Years of Data" Compendium of Continuing Education in Dentistry 33.4: 278-80, 282. PubMed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association: Guidelines for Toothbrush Use: <http://www.ada.org/en/science-research/ada-seal-of-acceptance/product-category-information/toothbrushese>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for a waterpik for this patient. The California MTUS Guidelines, ACOEM guidelines and the Occupational Disability Guidelines do not address this topic. Therefore, outside sources were sought. The American Dental Association (ADA) has issued several statements on the matter of electric waterpiks vs. manual flossers. The organization says manual flossers can be just as effective as water powered ones. The key to preventing tooth decay, say experts, lies in the way floss is used. The medical records do not support that this patient has an inability to use manual floss. Therefore, based on the submitted medical documentation, the request for a waterpik is not medically necessary.

Waterpik refill pack 1 new tip/month x 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lyle, DM. "Relevance of the Water Flosser: 50 Years of Data" *Compendium of Continuing Education in Dentistry* 33.4: 278-80, 282. PubMed.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association: Guidelines for Toothbrush Use: <http://www.ada.org/en/science-research/ada-seal-of-acceptance/product-category-information/toothbrushese>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for a waterpik for this patient. The California MTUS Guidelines, ACOEM guidelines and the Occupational Disability Guidelines do not address this topic. Therefore, outside sources were sought. The American Dental Association (ADA) has issued several statements on the matter of electric waterpiks vs. manual flossers. The organization says manual flossers can be just as effective as water powered ones. The key to preventing tooth decay, say experts, lies in the way floss is used. The medical records do not support that this patient has an inability to use manual floss. The request for Waterpik is noncertified and therefore refills are not indicated. Therefore, based on the submitted medical documentation, the request for a waterpik is not medically necessary.

Electric toothbrush 1 unit/1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Leite, Renata S. Nicole M Martow, and Jyotika K. Fernandes, "Oral Health and Type 2 Diabetes" *The American journal of the medical sciences* 345.4 (2013): 271-273, PMC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association: Guidelines for Toothbrush Use: <http://www.ada.org/en/science-research/ada-seal-of-acceptance/product-category-information/toothbrushese>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Guidelines, ACOEM guidelines and the Occupational Disability Guidelines do not address this topic. Therefore, outside sources were sought. The American Dental Association (ADA) has issued several statements on the matter of electric toothbrushes vs. manual toothbrushes. The organization says manual toothbrushes can be just as effective as powered ones. The key to preventing tooth decay, say experts, lies in the way a toothbrush - electric or otherwise - is used. The medical records do not support that this patient has an inability to use a manual toothbrush. Therefore, based on the

submitted medical documentation, the request for an electric toothbrush is not medically necessary.

Electric toothbrush refill: 4 refills/1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Leite, Renata S. Nicole M Martow, and Jyotika K. Fernandes, "Oral Health and Type 2 Diabetes" The American journal of the medical sciences 345.4 (2013): 271-273, PMC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Dental Association: Guidelines for Toothbrush Use: <http://www.ada.org/en/science-research/ada-seal-of-acceptance/product-category-information/toothbrushese>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Guidelines, ACOEM guidelines and the Occupational Disability Guidelines do not address this topic. Therefore, outside sources were sought. The American Dental Association (ADA) has issued several statements on the matter of electric toothbrushes vs. manual toothbrushes. The organization says manual toothbrushes can be just as effective as powered ones. The key to preventing tooth decay, say experts, lies in the way a toothbrush - electric or otherwise - is used. The medical records do not support that this patient has an inability to use a manual toothbrush. The request for an electric toothbrush is noncertified and therefore refills are not indicated. Therefore, based on the submitted medical documentation, the request for an electric toothbrush refill is not medically necessary.

Toothpaste 12 tubes/1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Leite, Renata S. Nicole M Martow, and Jyotika K. Fernandes, "Oral Health and Type 2 Diabetes" The American journal of the medical sciences 345.4 (2013): 271-273, PMC.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a toothpaste prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this toothpaste. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, there will be a limit of number of medications, and dose of specific medications. The requested toothpaste prescription requested does not have a brand, quantity, dose or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for toothpaste prescription is not medically necessary.

HCTZ 25mg QD x12 refills/1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines recommend pharmacologic therapy after a lifestyle medication. Hydrochlorothiazide (HCTZ) is a diuretic and approved for the treatment of hypertension. Per the clinical documents, the patient has been taking HCTZ for an extended period of time. The patient's blood pressure appears to be well controlled on the medication. Therefore, based on the submitted medical documentation, the request for HCTZ is medically necessary.

Atenolol 50mg BID x 12 refills/1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Hypertension Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines for Atenolol:
http://www.accessdata.fda.gov/drugsatfda_docs/label/2011/018240s0311bl.pdf.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. Atenolol is a beta-blocker. Clinical pharmacology studies have demonstrated the beta-blocking activity of atenolol, as shown by (1) reduction in heart rate and cardiac output at rest and upon exercise, (2) reduction of systolic blood pressure upon exercise, (3) inhibition of isoproterenol-induced tachycardia, and (4) reduction of reflex orthostatic tachycardia. The FDA prescribing guidelines state that beta-blockers are indicated for the treatment of hypertension. A review of the medical documentation does support that this patient has had a history of congestive heart failure with hypertension. However, recent medical records do reflect that the patient has primary hypertension that is currently being treated and re-evaluated on a routine basis. The patient's most recent clinical evaluation did address the status of the patient's hypertension. Therefore, based on the submitted medical documentation, the request for atenolol is medically necessary.

Losartan 100mg QD x 12 refills/1 year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes Chapter (updated 09/10/15) Hypertension Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The Official Disability Guidelines recommend pharmacologic therapy after a lifestyle medication. Losartan is a diuretic and approved for the treatment of hypertension. Per the clinical documents, the patient has been taking losartan with successful treatment of their hypertension. The patient's blood pressure appears to be well controlled on the medication. Therefore, based on the submitted medical documentation, the request for losartan is medically necessary.