MAXIMUS Federal Services

Case Number:	CM15-0048657		
Date Assigned:	03/20/2015	Date of Injury:	07/25/2006
Decision Date:	05/12/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California, Florida
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 51-year-old female who reported injury on 07/25/2006. The mechanism of injury was not provided. The injured worker's medications included atenolol, Dexilant, Gaviscon, Carafate, Colace, gemfibrozil, Lovaza, simvastatin, metformin, probiotics and Amitiza as well as Sentra AM. The injured worker was noted to be status post lumbar spine on 02/20/2012 and cervical spine laminectomy on 12/20/2013. The documentation of 01/29/2015 by way of the Internal Medicine PR-2 indicated the injured worker had ongoing poor sleep quality. The injured worker indicated she had improved hemorrhoids, gastritis, and an improved irritable bowel syndrome. The injured worker's blood glucose was 133 mg/dL. It was post prandial. The physical examination revealed tenderness and range of motion deferred to the appropriate specialist. The injured worker had +2 tenderness of the upper gastric region. The diagnoses included gastroesophageal reflux, gastritis, irritable bowel syndrome, hemorrhoids secondary to constipation, status post H. pylori treatment, hypertension controlled with diet and beta blocker, hyperlipidemia secondary to hypertension, obstructive sleep apnea and diabetes mellitus as well as depression. The documentation indicated the injured worker had undergone a blood glucose test. The cardiorespiratory test was pending. The pulmonary function test was pending and there was an EKG that was ordered. The request was made for diabetic testing strips, Lancets, alcohol swabs, 1 month supply with 2 refills and a CPAP machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Positive Airway Pressure Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head - Sleep aidshttp://www.ncbl.nlm.nih.gov/pubmedhealth/PMH002643.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Phillips, C. L., Grunstein, R. R., Darendeliler, M. A., Mihailidou, A. S., Srinivasan, V. K., Yee, B. J. & Cistulli, P. A. (2013). Health outcomes of continuous positive airway pressure versus oral appliance treatment for obstructive sleep apnea: a randomized controlled trial. American journal of respiratory and critical care medicine, 187(8), 879-887.

Decision rationale: Per Phillips, C. L. et. al. (2013), important health outcomes were similar after 1 month of optimal MAD and CPAP treatment in patients with moderate-severe OSA. The results may be explained by greater efficacy of CPAP being offset by inferior compliance relative to MAD, resulting in similar effectiveness. The clinical documentation submitted for review failed to indicate the injured worker had moderate to severe obstructive sleep apnea. There were no official findings from the sleep study. The request as submitted failed to indicate whether the unit was for rental or purchase and the specific type of machine being requested. The duration of use was not provided. Given the above, the request for continuous positive airway pressure machine is not medically necessary.

Diabetic 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, 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 Chapter, Glucose monitoring.

Decision rationale: The Official Disability Guidelines indicate that injured workers not requiring insulin therapy may benefit from self monitoring for blood glucose especially to provide feedback about the effects of their lifestyle and pharmacologic therapy. The testing frequency must be personalized. This request would be supported. However, the request as submitted failed to indicate the quantity of diabetic testing strips being requested. Given the above, the request for diabetic test strips is not medically necessary.

Lancets: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Glucose monitoring.

Decision rationale: The Official Disability Guidelines indicate that injured workers not requiring insulin therapy may benefit from self monitoring for blood glucose especially to provide feedback about the effects of their lifestyle and pharmacologic therapy. The testing frequency must be personalized. This request would be supported. However, the request as submitted failed to indicate the quantity of lancets being requested. Given the above, the request for Lancets is not medically necessary.

Alcohol swabs #30, refills 2: 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 Official Disability Guidelines (ODG) Diabetes Chapter, Glucose monitoring.

Decision rationale: The Official Disability Guidelines indicate that injured workers not requiring insulin therapy may benefit from self monitoring for blood glucose especially to provide feedback about the effects of their lifestyle and pharmacologic therapy. The testing frequency must be personalized. This request would be supported. As the request for lancets and diabetic test strips was found to be not medically necessary, the request for alcohol swabs #30, refills x2 is not medically necessary.