

<b>Case Number:</b>	CM15-0082779		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/13/2007
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 63 year old female with a February 13, 2007 date of injury. A progress note dated February 19, 2015 documents subjective complaints (chest pain, shortness of breath; anxiety; stress; headaches), objective findings (blood pressure 155/90; blood glucose 258; lungs clear to auscultation; normoactive bowel sounds; right hemiparesis noted), and current diagnoses (abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder). Treatments to date have included medications. The treating physician documented a plan of care that included a cardiorespiratory test and Sudo scan, Accu-check blood glucose test, Sentra, Gabadone, and a neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cardio-respiratory test and Sudo scan:** 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 (Type 1, 2, and Gestational), Pulmonary function testing.

**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) SudoScan.

**Decision rationale:** The injured worker sustained a work related injury on February 13, 2007. The medical records provided indicate the diagnosis of abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder. Treatments to date have included medications. The medical records provided for review do not indicate a medical necessity for Cardio-respiratory test and Sudo scan. The MTUS is silent on the topics. The Official Disability Guidelines states that Sudoscan is a device that evaluates sweat gland function. The Official Disability Guidelines recommends against it due to lack of evidence showing that this device improves patient management. The requested test is not medically necessary because, although Cardio-respiratory test may be necessary, it was requested alongside with SudoScan, a test that is not medically necessary.

**Accu-check blood glucose test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational), Glucose monitoring.

**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 and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/1982274-overview#a4>.

**Decision rationale:** The injured worker sustained a work related injury on February 13, 2007. The medical records provided indicate the diagnosis of abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder. Treatments to date have included medications. The medical records provided for review do indicate a medical necessity for Accu-check blood glucose test. The MTUS is silent on Glucose monitoring, but the Official Disability Guidelines recommends 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, Medscape states that blood glucose monitors are indicated in individuals with diabetes mellitus type 1 or 2. The injured worker has type 2 Diabetes Mellitus, with a reported blood sugar of 258mg/dl; therefore, it is medically necessary for her to use a blood glucose monitor like Accu-Check.

**Sentra AM #60, 3 bottles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Sentra PM, Medical food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical food and Other Medical Treatment Guidelines  
[http://nutrientpharmacology.com/sentra\\_AM.html](http://nutrientpharmacology.com/sentra_AM.html).

**Decision rationale:** The injured worker sustained a work related injury on February 13, 2007. The medical records provided indicate the diagnosis of abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder. Treatments to date have included medications. The medical records provided for review do not indicate a medical necessity for Sentra AM #60, 3 bottles. Sentra AM is a Medical Food manufactured from Healthcare Management Associates. The MTUS is silent on Medical Foods, but the Official Disability Guidelines recommends against the use of medical foods. This guideline states, "Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes."

**Gabadone #60, 3 bottles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Gabadone, Choline, Glutamic Acid, 5-hydroxytryptophan.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) GABAdone.

**Decision rationale:** The injured worker sustained a work related injury on February 13, 2007. The medical records provided indicate the diagnosis of abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder. Treatments to date have included medications. The medical records provided for review do not indicate a medical necessity for Gabadone #60, 3 bottles. The MTUS is silent in Gabadone. The Official Disability Guidelines states that GABAdone is a Medical food from [REDACTED], that is a proprietary blend of choline bitartrate, Glutamic acid, 5-hydroxytryptophan, GABA, grape seed extract, griffonia extract, whey protein, valerian extract, ginkgo biloba and cocoa. The Official Disability Guidelines recommends against the use of medical foods.

**Neurology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canadian Stroke Strategy Best Practices and Standards Writing Group, Canadian Stroke Network.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on February 13, 2007. The medical records provided indicate the diagnosis of abdominal pain; acid reflux, rule out ulcer/anatomical alteration; constipation, secondary to stress/narcotics, rule out irritable bowel syndrome; diabetes mellitus triggered/aggravated by work-related injury; hypertension triggered/aggravated by work-related injury; status post cerebral vascular accident; sleep disorder. Treatments to date have included medications. The medical records provided for review do not indicate a medical necessity for Neurology consultation. According to the Utilization review document, the injured worker had cerebrovascular accident in 2013, but this was not accepted by the insurance as a compensable condition. Therefore, since the injured worker does not appear to have any other neurological problem related to the comensable injury, it is not medically necessary to refer to a neurologist. The MTUS recommends decisions on the management of the injured worker be made from the information obtained from history, including review of medical records, and examination. In this case, the medical records provided indicate the cerebrovascular problem is not related to the injury.