

<b>Case Number:</b>	CM14-0208548		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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  
 Certification(s)/Specialty: Internal 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 39-year-old man, who sustained an industrial injury on 9/23/2006, when he contracted a fungal infection (Coccidioidomycosis) in his lungs, treated with Amphotericin B, which caused pancreatic abnormality that led to Diabetes. The Coccidioidomycosis also spread to cause an infection in the bone (osteomyelitis) with left 3rd finger amputation. The diagnoses have included Diabetes Mellitus, Neuropathic pain, Disseminated Coccidioidomycosis with left 3rd finger amputation, Hypertension, Recurrent nausea, Obstructive Sleep Apnea, Osteomyelitis, Obesity, Dyslipidemia and Diabetic Neuropathy. Currently, the injured worker complains of profound fatigue, chronic nausea, vomiting and intermittent dizziness. There is report of recurrent hypoglycemia and extreme Insulin sensitivity, with Blood Glucose levels ranging from 89-339 on Glargine and Humalog Insulin. Nursing and Certified Diabetic Educator notes indicate that the Diabetes control has been better since using the Insulin pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sharp Transport Tube (1 box bimonthly with 7 refills per year):** Overturned

**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 Sharps Inc. Website (<http://www.sharpsinc.com>).

**Decision rationale:** According to the Manufacturer's website, this is a ship back system for the proper treatment of sharps and other used healthcare materials. The Take Away Recovery System allows for the safe collection and proper treatment of sharps. The injured worker is being treated with Insulin, requiring frequent finger-sticks for blood glucose checks. Therefore, the request is medically necessary.

**Sharp 3 Gallon Starter Recovery System (1-2 refills per year): 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 Sharps Inc. Website (<http://www.sharpsinc.com>).

**Decision rationale:** According to the Manufacturer's website, this is a ship back system for the proper treatment of sharps and other used healthcare materials. The Take Away Recovery System allows for the safe collection and proper treatment of sharps. The filled sharps containers may be placed in one of the 5, 20, or 30-gallon Recovery Systems for shipping for proper treatment. There is no availability of a 3-gallon starter recovery system listed on the website. Therefore, the request is not medically necessary.

**Sharp Container (NDC/HRI 08588-1010-411 per month): Overturned**

**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 Sharps Inc. Website (<http://www.sharpsinc.com>).

**Decision rationale:** Sharp containers allow for the proper disposal of needles, syringes, lancets, or other regulated medical waste directly. The filled containers may be placed in a Recovery Systems for shipping. The injured worker is treated with Insulin, requiring frequent finger-sticks for blood glucose checks. Therefore, the request is medically necessary.

**Sharp Sidewall Mount: 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 Sharps Inc. Website (<http://www.sharpsinc.com>).

**Decision rationale:** Documentation fails to show the medical necessity to mount the sharp container on a wall. Therefore, the request is not medically necessary.

**Sharp Wall Mount:** 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 Sharps Inc. Website (<http://www.sharpsinc.com>).

**Decision rationale:** Documentation fails to show the medical necessity to mount the sharp container on a wall. Therefore, the request is not medically necessary.

**Tandem Insulin Pump (#2):** Overturned

**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) Insulin Pump Therapy.

**Decision rationale:** An external insulin infusion pump is a programmable, battery-powered mechanical syringe/ reservoir device controlled by a microprocessor to deliver a continuous subcutaneous insulin infusion into the body. Typical devices have a two to three day supply of insulin connected to an infusion set attached to a small needle or cannula programmed to deliver a steady basal amount of insulin and release a bolus dose at meals and at programmed intervals. The criteria for use of Insulin pump therapy is includes patients with documented diabetes mellitus, documented frequency of glucose self-testing at least four times per day, severely unstable blood glucose levels (brittle diabetes mellitus), history of recurring hypoglycemia or severe glycemic excursions or wide fluctuations in blood glucose before mealtime while on a regimen of multiple daily insulin injections, completion of a comprehensive diabetic education program, and if the patient needs at least three insulin injections per day. Documentation indicates that the injured requires multiple daily insulin injections, has multiple hypoglycemic episodes and fluctuations in blood glucose readings. Furthermore, there is evidence of ongoing comprehensive diabetic education program. Therefore, the request is medically necessary.

**Access to T: Slim Data (lifetime of use):** 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 Tandem Diabetes Care Website (<http://www.tandemdiabetes.com>).

**Decision rationale:** According to the manufacturer's website, the t:slim pump comes with the t:connect Diabetes Management Application a state-of-the-art Mac and PC-compatible data management software that provides t:slim pump users and their healthcare providers a fast, easy, and visual way to display data from their pump and supported blood glucose meters. The injured worker is prescribed a Tandem T-slim Insulin pump, which as stated above, already provides data management software. Being that this software is available as long as the pump is being used by the injured worker, the request is not medically necessary.

**AAA Batteries (for glucose monitor, 4 monthly with 6 refills per year): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.onetouch.com/sites/default/files/file/UltraSmart\\_OwnersBooklet.pdf](http://www.onetouch.com/sites/default/files/file/UltraSmart_OwnersBooklet.pdf).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation One Touch Website (<http://www.onetouch.com>).

**Decision rationale:** Documentation indicates that the injured worker is being treated with Insulin, requiring frequent finger-sticks for blood glucose checks. According to product information, the injured worker's Glucometer, One Touch Ultra, uses a 3V battery. Therefore, the request is not medically necessary.

**DexCom Receiver (2 with 2 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** The Dexcom Receiver with Share allows remote viewing of glucose levels, trends and data between the person with diabetes and others through wireless connection. According to the Manufacturer's website, the receiver comes with a one year limited warranty that begins on the shipment date of the kit. Documentation indicates that the injured worker has fluctuating blood sugars. Although he could benefit from the use of this device, documentation fails to demonstrate the medical necessity for two receivers and refills. Therefore, the request is not medically necessary.

**DexCom Transmitter (3 with 2 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** The DexCom transmitter is paired with the receiver before use. The Transmitter battery lasts at least six months. However, once the transmitter low battery screen displays, it must be replaced as soon as possible. According to Manufacturer's website, the transmitter comes with a six month limited warranty from the shipment date of the kit. In light of this, the request for three transmitters and refills, in addition to what the injured worker already has obtained, is not appropriate. Therefore, the request is not medically necessary.

**DexCom Sensors (12 per month with 13 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** The DexCom sensor may be switched once a week. Documentation fails to justify the need for twelve sensors per month. Therefore, the request is not medically necessary

**DexCom Case (2 per quarter with 4 refills): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** Documentation fails to demonstrate the medical necessity for additional cases for this injured worker. Therefore, the request is not medically necessary.

**DexCom SHARE (2 units with 2 refills per year): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** The DexCom Receiver with Share allows remote viewing of glucose levels, trends and data between the person with diabetes and others through wireless connection. Documentation indicates that the injured worker has fluctuating blood sugars. Although he could

benefit from the use of this device, documentation fails to demonstrate the medical necessity for two units and refills. Therefore, the request is not medically necessary.

**Access to DexCom Unit Data (for lifetime of use): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dexcom.com/dexcom-studio> Continuous Glucose Monitoring Software.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DexCom Website ([www.dexcom.com](http://www.dexcom.com)).

**Decision rationale:** The DexCom Receiver with Share allows remote viewing of glucose levels, trends and data between the person with diabetes and others through wireless connection. Per Manufacturer website, the data is already available with the device, making the request for access to data unnecessary. Therefore, the request is not medically necessary.

**Accu-Chek FastClix Lancets (4 boxes per month with 13 refills): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.accu-chek.com/us/lancing-devices/fastclix.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Accu-Chek Website (<https://www.accu-chek.com>).

**Decision rationale:** The ACCU-CHEK FastClix lancing device is a 1-click lancing device with a drum of 6 preloaded lancets. Documentation indicates that the injured is being treated with Insulin and checks his finger-stick glucose levels 3-4 times a day. Therefore, the request is medically necessary.