| Case Number: | CM15-0171021 | | |
|---|---|---|---|
| Date Assigned: | 09/11/2015 | Date of Injury: | 03/18/2009 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 65 year old male with a date of injury on 3-18-2009. A review of the medical records indicates that the injured worker is undergoing treatment for acid reflux secondary to non-steroidal anti-inflammatory drugs, constipation-diarrhea, weight gain, hypertension and diabetes mellitus (DM), rule out industrial aggravation. Medical records (4-15-2015 to 7-22-2015) indicate controlled diarrhea. The injured worker reported no change in his acid reflux, diabetes mellitus (DM) or hypertension. The physical exam (4-15-2015 to 7-22-2015) reveals blood glucose 80mg/dL to 92 mg/dL (post-prandial). Weight was 231-235 pounds. Treatment has included medication (including Levemir, Metformin, Novolog, Loratidine, Lisinopril and Metoprolol Tartrate). The injured worker was advised to follow a low-fat, low-acid, low-glycemic, low- sodium diet. The request for authorization dated 7-22-2015 was for accucheck, labs, utox, Sudoscan, medications and supplies. The original Utilization Review (UR) (8-6-2015) non- certified a request for diabetic test strips, lancets, swabs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diabetic test strips, lancets and swabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition, Diabetes (updated 05/06/15) Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McCulloch DK, et al. Blood glucose self-monitoring in management of adults with diabetes mellitus, Topic 1781, Version 19.0. UpToDate accessed 10/11/2015. American Diabetes Association. Standards of medical care in diabetes 2014. Diabetes Care 2014; 37 (suppl 1): S1.

**Decision rationale:** Glucose testing is a screening tool used to look at the amount of a sugar, or glucose, in the blood. The MTUS Guidelines are silent on this issue. The general benefit of self-monitoring blood glucose levels remains controversial in the literature. The ADA Guideline and available literature support its use for some people with diabetes as one part of the care plan. The submitted and reviewed documentation did not discuss how well the worker's blood sugar was controlled, indicate the reason this type of testing was needed in addition to the more accurate blood tests, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for "diabetic" (glucose) testing strips, lancets, and swabs is not medically necessary.