Case Number:	CM13-0012219		
Date Assigned:	09/20/2013	**Date of Injury:**	06/16/2006
Decision Date:	01/13/2014	**UR Denial Date:**	08/12/2013
Priority:	Standard	**Application Received:**	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male patient who sustained a work injury on 6/19/2006. His diagnosis include: low back pain, bilateral wrist pain, lumbar radiculopathy, lumbar disc degeneration, bilateral carpal tunnel syndrome and chronic pain. It has also been noted that patient has a diagnosis of hypertension and diabetes mellitus, however it is not apparent from the documentation how this is related to his work injury in 2006. The relevant issue here is whether, Clonidine HCL 0.3mg #60, Metformin HCL 850mg #90, and Glipizide 10mg #60 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine HCL 0.3mg #60 retrospectively: 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), section under treatment for hypertension, Medline Plus Online guidelines.

Decision rationale: My rationale for the above decision on Clonidine HCL 0.3mg #60 is not medically appropriate in this specific case is due to the following guidelines of Medline Plus and ODG, "Clonidine is used alone or in combination with other medications to treat high blood

pressure. Clonidine is in a class of medications called centrally acting alpha-agonist hypotensive agents. It works by decreasing your heart rate and relaxing the blood vessels so that blood can flow more easily through the body." Per Medline Plus "Second line- Central a2 agonists: Clonidine (Catapres)" per ODG. After careful review of the medical records and documentation provided to me there is no documentation on how patient's diagnosis of hypertension is related to his work injury nor was a step by step approach taken to control patient's hypertension. Therefore on the above basis the request for Clonidine HCL 0.3mg #60 is not medically necessary.

Metformin HCL 850mg #90 retrospectively: 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), under treatment for Diabetes, metformin as well as Medline Plus Online guidelines.

Decision rationale: My rationale for the above decision on Metformin HCL 850mg #90 is not medically appropriate in this specific case is due to the following guidelines of the Medline Plus and ODG, "Metformin is used alone or with other medications, including insulin, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Metformin is in a class of drugs called biguanides. Metformin helps to control the amount of glucose (sugar) in your blood. It decreases the amount of glucose you absorb from your food and the amount of glucose made by your liver. Metformin also increases your body's response to insulin, a natural substance that controls the amount of glucose in the blood. Metformin is not used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood)." Per Medline Plus Online "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other antidiabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. Because of it relatively short duration of action, it is usually administered 2 to 3 times daily and is best tolerated if taken with meals. A long-acting, once-daily formulation is also available. The maximal recommended dosage is 2,500 mg daily, although little additional benefit is seen with dosages exceeding 2,000 mg daily. When used as monotherapy, metformin has a very low risk of hypoglycemia. When metformin is used in combination with an insulin secretagogue or insulin, however, hypoglycemia may occur. (Rodbard, 2009) Evidence supports metformin as a first-line agent to treat type 2 diabetes. Researchers found that the older diabetes drug metformin is just as good, if not better, than newer classes of medications. In addition, any two-drug combination produces similar diabetes control, but they have different adverse events. Overall, most of the diabetes medications used alone decreased HbA1c by about 1 percentage point. Similar results

were obtained with various two-drug combinations. Metformin performed better than several other classes by not increasing body weight and by lowering LDL-cholesterol. There was also a better safety profile with metformin in terms of risk for low blood sugar. For example, sulfonylureas had a fourfold higher risk for mild or moderate hypoglycemia compared with metformi

Glipizide 10mg #60 retrospectively: 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), treatment of diabetes, glipizide, as well as Medline Plus online guidelines.

Decision rationale: My rationale for the above decision on Glipizide 10mg, #60 not medically appropriate in this specific case is due to the following guidelines of the Medline Plus and ODG: "Glipizide is used along with diet and exercise, and sometimes with other medications, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Glipizide is in a class of medications called sulfonylureas. Glipizide lowers blood sugar by causing the pancreas to produce insulin (a natural substance that is needed to break down sugar in the body) and helping the body use insulin efficiently. This medication will only help lower blood sugar in people whose bodies produce insulin naturally. Glipizide is not used to treat type 1 diabetes (condition in which the body does not produce insulin and, therefore, cannot control the amount of sugar in the blood) or diabetic ketoacidosis (a serious condition that may occur if high blood sugar is not treated)." Per Medline Plus online guideline. "Not recommended as a first-line choice" per ODG. After careful review of the medical records and documentation provided to me there is no documentation on how patient's diabetes is related to his work injury nor is there any documentation on patient's diabetic status. Therefore on the above basis the request for Glipizide 10mg #60 is not medically necessary.