

<b>Case Number:</b>	CM14-0162844		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/11/2003
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of May 11, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; earlier cervical fusion surgery; unspecified amounts of physical therapy over the course of the claim; and 24 sessions of acupuncture, per the claims administrator. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve a request for glipizide, metformin, Zestril, and Menthoderm cream. In a handwritten note dated August 27, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and shoulder pain, 6-8/10. The applicant was using both glipizide and metformin twice daily. The attending provider stated that the applicant was not receiving an adequate supply of glucose test strips. The applicant was asked to continue topical Menthoderm for neck and shoulder pain. The applicant was asked to continue metformin and glipizide for diabetes while following a low-carbohydrate diet. Laboratory testings, including hemoglobin A1c, were sought. The applicant was asked to continue lisinopril for reportedly well-controlled blood pressure in the 132/70 range. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an earlier note dated July 24, 2014, the applicant was given prescriptions for Glucophage, glipizide, Zestril, and Menthoderm. The applicant's work status was not clearly stated. On June 19, 2014, the applicant again complained that he did not have money to purchase glucose test strips out of pocket. In an earlier note dated September 12, 2013, the attending provider stated that the applicant's combination of metformin and glipizide had resulted in appropriate diabetes control with most recent hemoglobin A1c of 6.5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glipizide 10mg #120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** While the MTUS does not specifically address the topic of glipizide usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider's progress notes, while somewhat dated, do suggest that prior usage of glipizide, in conjunction with metformin, had proven effective in controlling the applicant's diabetes. The Food and Drug Administration (FDA) does acknowledge that glipizide (Glucotrol) is indicated as an adjunct to diet and exercise to improve glycemic control in applicants with type 2 diabetes. Glipizide, thus, is indicated for the use for which it is being employed here. It has, furthermore, seemingly proven effective in controlling the applicant's diabetes, the attending provider has argued. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Metformin 1000mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Diabetes

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration, Glucophage (Metformin) Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of metformin usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that prior usage of metformin had proven effective in controlling the applicant's diabetes. The attending provider seemingly stated in a late 2013 progress note that previous usage of metformin, in conjunction with glipizide, had resulted in a hemoglobin A1c of 6.5, implying a well-controlled diabetes. Glucophage, per the Food and Drug Administration (FDA) is indicated as an adjunct to diet and exercise to improve glycemic control in both adult and children with type 2 diabetes. Thus, metformin is FDA approved for the role for which it is being employed here. Metformin has, furthermore, proven effectual in treating the applicant's diabetes, historically. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

**Lisinopril 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lisinopril Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of lisinopril usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider did posit that ongoing usage of lisinopril (Zestril) had proven effective in treating the applicant's hypertension. The attending provider did document a well-controlled blood pressure reading of 132/70 on the most recent office visit, referenced above, implying that ongoing usage of lisinopril was in fact effective here. Continuing the same, on balance, is indicated, particularly in light of the fact that the Food and Drug Administration (FDA) notes that lisinopril is indicated in the treatment of hypertension, either as monotherapy or as combo-therapy. Therefore, the request is medically necessary.

**Menthoderm cream 120 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Functional Restoration Approach to Chronic Pain Management Page(s): 105, 7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Mentoderm are recommended in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not posited how (or if) previous usage of Mentoderm had been beneficial here. The applicant's work status, functional status, and/or response to ongoing usage of Mentoderm was not clearly outlined by the attending provider. Therefore, the request is not medically necessary.