

<b>Case Number:</b>	CM14-0037738		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 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 diabetes mellitus reportedly associated with an industrial injury of January 14, 2011. In a utilization review report dated March 21, 2014, the claims administrator approved prescriptions for metformin and nateglinide while denying glipizide. It appeared that the claims administrator based his denial on glipizide, in part, on the fact that it was not entirely clear whether there was causal relationship to any specific industrial injury. The claims administrator stated that the applicant's most recent hemoglobin A1c was 7.0. The applicant was incidentally described as status post an anterior cervical discectomy and fusion surgery. The applicant's attorney subsequently appealed the denial. A February 11, 2014 progress note was notable for comments that the applicant had ongoing issues with neck pain status post ACDF surgery. The applicant was also diabetic, it was stated. The applicant's medication list included glipizide, metformin, Senna, Neurontin, Colace, baclofen, ditropan, Rapaflo, and Levitra. In a letter dated October 22, 2013, it was stated that the applicant was doing fairly well with diabetes, but that his hemoglobin A1c was still 7.0. The applicant was asked to continue with his diabetes medications including nateglinide. In another note of January 29, 2014, the applicant's treating provider wrote that the applicant's hemoglobin A1c did drop from 7.4 to 7.0.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glipizide 5mg:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Glipizide or Glucotrol is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. In this case, the applicant's diabetes is only fairly controlled, with most recent hemoglobin A1c of 7.0, despite usage of three medications for diabetes, Glipizide, Metformin, and Nateglinide. At a minimum, then, continuing the applicant's current diabetes medications is indicated. Therefore, the request for Glipizide is medically necessary.