

Case Number:	CM14-0040840		
Date Assigned:	06/27/2014	Date of Injury:	05/23/2001
Decision Date:	07/31/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 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 claimant is a 48 year old male with a history of DM, RA, who suffered an injury in 05/2001. The patient continues to have subjective complaints from his injury including pain/stiffness in distal flexor/extensor joints. He continues to have pain in the ankles, back, feet, hands, and hips. He has a antalgic gait on physical exam. The patient was diagnosed with DM in 2011 and has been on insulin, metformin, and glipizide therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Treatment Index, 12th Edition, Diabetes, Sulfonylurea.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Diabetes chapter>, <Sulfonylurea treatment>.

Decision rationale: The ODG guidelines recommend sulfonylurea as a second line alternative to thiazolidinedione therapy. The clinical documents provided did not discuss the patient's history of DM and prior and ongoing treatment regimen. The documents did not clearly indicate if the

patient continues to be on insulin therapy, recent A1c levels, or home blood sugar monitoring. The clinical documents provided focused on the patient's history of chronic pain. The treatment plan outlined in the clinical documents did not discuss clearly what the treatment regimen is for the patient's DM. Based on the ODG guidelines and the clinical documents provided the request is not medically necessary.