

<b>Case Number:</b>	CM14-0057112		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 35-year-old female who sustained an industrial injury on 07/17/2012. The mechanism of injury was not provided for review. Her diagnosis is chronic back pain s/p lumbar surgery performed on 11/20/2013. She also has diagnoses of hypertension and diabetes, which were diagnosed in 2010 prior to the back injury. Presently she denies complaints. On exam, her blood pressure was 124/80 and her physical exam was unremarkable. Her Hba1c was 8.8. The treating provider has requested Metformin HCL 1000mg #60, Enalapril 20mg # 30, and Glipizide 10mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metformin HCL 1000mg #60:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Medical Therapy for Diabetes.

**Decision rationale:** Metformin (Glucophage) is an oral antidiabetic in the biguanide class. It is the first-line drug of choice for the treatment of type 2 diabetes, in particular, in overweight and

obese people and those with normal kidney function. Metformin is the only antidiabetic drug that has been conclusively shown to prevent the cardiovascular complications of diabetes. It helps reduce LDL cholesterol and triglyceride levels, and is not associated with weight gain. The claimant's diabetes is not related to her industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Enalapril Maleate 20mg #30:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Medical Therapy for Hypertension.

**Decision rationale:** Enalapril is an angiotensin-converting-enzyme (ACE) inhibitor used in the treatment of hypertension, diabetic nephropathy, and some types of chronic heart failure. ACE converts the peptide hormone angiotensin I to angiotensin II. One of the actions of angiotensin II is the vasoconstriction of blood vessels resulting in an increase in blood pressure. The claimant's hypertension is not related to her industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Glipizide 10mg, #120:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Medical Therapy for Diabetes.

**Decision rationale:** Glipizide is an oral rapid- and short-acting anti-diabetic drug from the sulfonylurea class. It is classified as a second-generation sulfonylurea, which means that it undergoes enterohepatic circulation. Second-generation sulfonylureas are both more potent and have shorter half-lives than the first-generation sulfonylureas. The claimant's diabetes is not related to her industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.