

Case Number:	CM14-0087611		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2003
Decision Date:	12/30/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/11/2014

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 Emergency 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 patient is a 69-year-old male who was injured on May 11, 2003. The patient continued to experience pain in the neck. Physical examination was notable for decreased range of motion of the cervical spine and blood pressure of 143/77. The diagnoses included diabetes, hypertension, and status post cervical spine fusion. Treatment included medications, epidural steroid injection, physical therapy, home exercise program, and surgery. Requests for authorization for Lisinopril 20mg #30, Metformin 1000mg #60, and Glipizide 10mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (02/20/2014), Hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension; Other Medical Treatment Guideline or Medical Evidence: Drugs for Hypertension, Treatment Guidelines from The Medical Letter, May 1, 2014 (Issue 141) page 31

Decision rationale: According to the guidelines, Lisinopril is an angiotensin converting enzyme (ACE) inhibitor. ACE inhibitors are effective in treating hypertension and are generally well tolerated. They are less effective in black patients and in those with low-renin hypertension, unless combined with a thiazide-type diuretic or calcium channel blocker, in which case the combined effect is similar to that in non-black patients. ACE inhibitors have been shown to prolong survival in patients with heart failure or left ventricular dysfunction after a myocardial infarction, reduce mortality in patients without heart failure or left ventricular dysfunction who are at high risk for cardiovascular events, and reduce proteinuria in patients with either diabetic or non-diabetic nephropathy. In this case the patient's blood pressure is mildly elevated while he is using antihypertensive medication. The diagnosis of hypertension is established and treatment with antihypertensive medication is indicated. Therefore, this request is medically necessary.

Metformin 1000mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (02/20/2014), Medications

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

Decision rationale: According to the Official Disability Guidelines, Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. 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 its relatively short duration of action, it is usually administered 2 to 3 times daily and is best tolerated if taken with meals. In this case there is no documentation of hyperglycemia present. Documented blood glucose measurements are 105 and 116. There is no indication that these are fasting values and there is no measurement of Hemoglobin A1c documented. Medical documentation does not support the diagnosis of diabetes. Therefore, this request is not medically necessary.

Glipizide 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (02/20/2014), Medications

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

Decision rationale: According to the guidelines, Glyburide is a sulfonylurea medication used in the treatment of diabetes. Sulfonylurea medications are not recommended as a first-line choice. Sulfonylureas are associated with hypoglycemia, weight gain, and limited duration of effectiveness after initiation of therapy. First-line therapy with sulfonylureas significantly increases the risk for death in patients with type 2 diabetes, when compared with treatment with metformin. In this case there is no documentation of hyperglycemia present. Documented blood glucose measurements are 105 and 116. There is no indication that these are fasting values and there is no measurement of Hemoglobin A1c documented. Medical documentation does not support the diagnosis of diabetes. Therefore, this request is not medically necessary.