

Case Number:	CM15-0104242		
Date Assigned:	07/17/2015	Date of Injury:	08/07/2011
Decision Date:	08/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 7, 2011. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for omeprazole and glipizide. The claims administrator referenced an RFA form received on April 30, 2015 and an associated progress note of April 23, 2015 in its determination. The claims administrator did apparently approve requests for glucometer, glucose testing strips, other glucose testing device, and metformin. Lipitor was conditionally denied. The applicant's attorney subsequently appealed. On said RFA form dated April 28, 2015, omeprazole, metformin, glipizide, Lipitor, glucose test strips, and a glucometer were endorsed. In an associated progress note dated April 23, 2015, the applicant reported ongoing issues with poorly controlled diabetes. The applicant's hemoglobin A1c was 8.9, it was reported. The applicant was status post earlier failed lumbar laminectomy, it was reported. The applicant stated that his diabetes was well controlled prior to having undergone spine surgery. The applicant's medication list included Prilosec, metformin, glipizide, and Lipitor, it was reported. A three-month supply of multiple diabetes medications was endorsed. The applicant's chronic low back pain was described as stable. The applicant was returned to regular duty work. The applicant's GI review of systems was negative, it was reported. There was no explicit mention of the applicant's having issues with reflux, heartburn, or dyspepsia. It was not stated for what purpose omeprazole was being employed here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on April 23, 2015 progress note at issue. On that date, the applicant's GI review of systems was negative, it was reported. The past medical history likewise made no mention of the applicant's having current or historical issues with gastroesophageal reflux disease (GERD). Therefore, the request was not medically necessary.

Glipizide 10 mg Qty 180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes - Glipizide (Glucotrol).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Glipizide (Glucotrol).

Decision rationale: Conversely, the request for glipizide, a sulfonylurea medication, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should discuss the efficacy of medication for the particular condition for which it has been prescribed in order to ensure proper usage and so as to manage expectations. While ODG's Diabetes Chapter Glipizide topic does acknowledge that glipizide is not a first-line choice for diabetes, here, however, the applicant's diabetes was described as suboptimally controlled on April 23, 2015, with a hemoglobin A1c of 8.9, despite usage of a first-line agent (metformin) at a near-maximum dosage of 1000 mg twice daily. Usage of glipizide, thus, was indicated here, given the suboptimal diabetes control and seemingly inadequate response to metformin alone. Therefore, the request was medically necessary.