MAXIMUS Federal Services

Case Number:	CM15-0146068		
Date Assigned:	08/06/2015	Date of Injury:	06/27/2002
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

This is a 73 year old male with a June 27, 2002 date of injury. A progress note dated June 1, 2015 documents subjective complaints (no complaints), objective findings (clear lung sounds; no cyanosis, clubbing, tenderness, or edema of the extremities), and current diagnoses hypertension; diabetes; depression). A progress note dated October 6, 2014 documents that the injured worker's diabetes was not well controlled at that time. The injured worker was at the maximum dosage for oral diabetes medications and had recently increased his insulin dosage to address the diabetes. A progress note dated February 16, 2015 documents that the injured worker's diabetes was showing improved control. The treating physician documented a plan of care that included Glipizide 10mg #90, Actos 15mg #30, and Novolin 70-20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Diabetes Procedure Summary, Glipizide (Glucotrol).

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/Glipizide Section Diabetes Chapter/Sulfonylurea Section and Other Medical Treatment Guidelines http://www.drugs.com/glipizide.html.

Decision rationale: Per manufacturers information, Glipizide is an oral diabetes medicine that helps control blood sugar levels by helping your pancreas produce insulin. Glipizide is used together with diet and exercise to treat type 2 diabetes. MTUS guidelines do not address the use of Glipizide for the treatment of Diabetes, therefore, alternative guidelines were consulted. Per ODG guidelines Glipizide is not recommended as a first-line choice for diabetes. Although not recommended as a first-line choice, they may be recommended as a safe alternative to thiazolidinedione treatment. Some authors report that sulfonylureas are safer compared to thiazolidinediones because they give a better and faster improvement of glycated hemoglobin without giving the adverse effects reported with the use of thiazolidinediones. Sulfonylureas should have much less priority because use of these agents is associated with hypoglycemia, weight gain, and limited duration of effectiveness after initiation of therapy. GLP-1 agonists and DPP-4 inhibitors are increasingly preferred for most patients in place of sulfonylureas and glinides. In this case, the available documentation does not provide a rationale for the use of Glipizide over a first-line agent, therefore, the request for Glipizide 10mg #90 is determined to not be medically necessary.

Actos 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation Diabetes Procedure Summary, Pioglitazone (Actos).

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/Pioglitazone (Actos) Section.

Decision rationale: The MTUS guidelines do not address the use of Actos in the treatment of Diabetes, therefore, alternative guidelines were consulted. Per the ODG, Actos is not recommended as a first-line choice. Pioglitazone is associated with an increased risk for bladder cancer, and risk doubled in patients treated with pioglitazone for 2 years or more. The safety of pioglitazone, an oral antidiabetic agent in the thiazolidinedione class, is controversial. Although pioglitazone is effective at reducing glycated haemoglobin levels and may decrease the risk of cardiovascular events, it has also been associated with weight gain and an increased risk of congestive heart failure. Now there is some evidence suggesting that pioglitazone may be associated with an increased risk of bladder cancer. The authors suggest that the risks for pioglitazone seem to outweigh the benefits. In this case, the available documentation does not provide rationale for the use of this medication over a first-line agent, therefore, the request for Actos 15mg #30 is determined to not be medically necessary.

Novolin 70/20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Procedure Summary, Insulin.

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/Insulin Section.

Decision rationale: MTUS guidelines do not address the use of Novolin in the treatment of Diabetes, therefore, alternative guidelines were consulted. Per the ODG Insulin is recommended for treatment of type 1 diabetes, or for type 2 diabetes if glycaemic goals are not reached by oral antidiabetics. Insulin is required in all patients with T1DM, and it should be considered for patients with T2DM when noninsulin antihyperglycemic therapy fails to achieve target glycemic control or when a patient, whether drug nave or not, has symptomatic hyperglycemia. Also recommended for metabolic detoriation, co-morbidities, surgery, pregnancy or contradictions against oral antidiabetics. The amount of insulin must be balanced with food intake and daily activities. Not recommend regular human insulin (Humulin R, Novolin R) because onset of action is too slow and persistence of effect is too long to mimic a normal prandial physiologic profile; the result is impaired efficacy and increased risk of delayed hypoglycemia. Not recommend NPH insulin (Humulin N, Novolin N) because it does not provide a sufficiently flat peakless basal insulin; highly variable absorption even within individuals; increased risk of hypoglycemia compared with the long-acting insulin analogues. Recommend rapid-acting insulin analogues; premixed insulin/protamine; and long-acting insulin analogues. In this case, there is no indication that the injured workers blood sugar has not been controlled with the use of oral diabetic agents, therefore, the request for Novolin 70/20mg is determined to not be medically necessary.