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| <b>Case Number:</b>   | CM15-0148522 |                              |            |
| <b>Date Assigned:</b> | 08/11/2015   | <b>Date of Injury:</b>       | 02/24/2003 |
| <b>Decision Date:</b> | 09/08/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/30/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 65-year-old female, who sustained an industrial injury on February 24, 2003. She was involved in a motor vehicle accident. The injured worker was diagnosed as having major depressive disorder with anxiety, post-traumatic stress disorder, L1 burst fracture, status post fusion with titanium rods with paraparesis, neurogenic bladder and bowel, chronic pain, dyslipidemia and diabetes. Treatment to date has included psychotherapy, medications, surgery and diagnostic studies. On July 27, 2015, notes stated that the injured worker had a pro-op clearance in preparation for bladder stone removal surgery scheduled for August 4, 2015. Blood sugars were noted to be reviewed but not included in the report. Her blood sugars were stated to be higher since her Actos medication had been eliminated. The treatment plan included follow-up appointments. On June 30, 2015, Utilization Review non-certified the request for Pioglitazone tablets 15mg #90. The referenced citation is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Pioglitazone 15mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brett J. Bolte, MD and Optima medical group, P.A.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Medications.

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2003 as the result of a motor vehicle accident. She continues to be treated for the residual effects of a lumbar spinal cord injury. She has paraparesis and neurogenic bowel and bladder. Her BMI is over 44. Medical conditions include dyslipidemia and diabetes. HgA1C levels from 6.1% to 6.7% are referenced. Diabetes medications being prescribed include metformin XR 1000 mg two times per day, Tradjenta 5 mg per day, and Actos 15 mg per day. At issue is continued coverage for Actos. In this case, there is no evidence that the claimant has failed second and third line monotherapy and dual and triple therapy using metformin and a second or third agent. The request for a thiazolidinedione such as Actos is not medically necessary.