

Case Number:	CM15-0187424		
Date Assigned:	09/29/2015	Date of Injury:	06/10/2005
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 06-10-2005. A review of the medical records indicated that the injured worker is undergoing treatment for diabetes mellitus with adverse effects from Metformin. According to the treating physician's progress report on 08-18-2015, the injured worker reported A1C was elevated and headaches had problems with Metformin. The A1C was documented at 8.3 on 08-03-2015. Current medications were listed as Januvia and Metformin. Treatment plan consists of discontinuing Metformin; continue with Januvia at lunch and evening meal and the current request for Glipizide 10mg #90 with 3 refills. The Utilization Review modified the request for Glipizide 10mg #90 with 3 refills to Glipizide 10mg #90 with 1 refill on 08-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 10mg #90 with 3 refills: 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 (Type 1, 2, and Gestational).

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

Decision rationale: In regards to sulfonylureas, the ODG states: "Not recommended as a first-line choice, but 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." This worker has uncontrolled diabetes indicated by a documented HA1C of 8.3, despite treatment with Metformin and Januvia. The sulfonylurea, glipizide, is appropriate but should be re-evaluated within 3 months for efficacy and side effects before determining whether this medication at this dose continues to be necessary and appropriate. This treatment request exceeds that duration. The ODG states the A1C should be measured at least 4 times yearly in patient's not at treatment goal. The request is not medically necessary.