

Case Number:	CM15-0035088		
Date Assigned:	03/23/2015	Date of Injury:	04/28/2004
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina
 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 (IW) is a 59 year old male who sustained an industrial injury on 04/28/2004. He reported pain in both wrists and arms following his injury. The injured worker was diagnosed as having diabetes mellitus aggravated by chronic pain and stress, hypertension with left atrial enlargement aggravated by chronic pain and non-steroidal anti-inflammatory drugs (NSAIDS), hyperlipidemia secondary t hypertension and diabetes mellitus, gastroesophageal reflux disease secondary to NSAIDS (asymptomatic), rectal bleeding (resolved), sleep disorder, vitamin D deficiency (nonindustrial) and unsubstantiated weight gain status post H. Pylori treatment. Treatment to date has included cpap, treatment for diabetes, and treatment for gastrointestinal issues. Currently, the injured worker complains of weight gain, diabetes, obstructive sleep apnea, and hypertension. Treatment plans included. Glipizide 5mg quantity 60 with two refills, Januvia 50mg quantity 30 with two refills, Gemfibrozil 600mg quantity 60 with two refills, Indocyanine green angiography, Electrocardiogram, and Carotid Ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 5mg quantity 60 with two refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAAPF, monogram, diabetes.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the AAAPF monogram on diabetes, the requested medication is an approved medication in the treatment of diabetes. The patient is already on metformin and this medication is a recommended addition in the treatment of diabetes. Therefore the request is medically necessary & approved.

Januvia 50mg quantity 30 with two refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAAPF, monogram, diabetes.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the AAAPF monogram on diabetes, the requested medication is an approved medication in the treatment of diabetes. The patient is already on metformin and this medication is a recommended addition in the treatment of diabetes. Therefore the request is medically necessary & approved.