

Case Number:	CM15-0047501		
Date Assigned:	03/19/2015	Date of Injury:	08/16/1990
Decision Date:	04/24/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 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 60-year-old male who sustained an industrial injury on 08/16/1990. Diagnoses include diabetes mellitus (with unknown ophthalmologic or renal complications at this time) and hypertension with hypertensive changes noted on echocardiogram. Treatment to date has included medications and weight control. Diagnostics performed to date included lab tests. According to the progress report dated 2/11/15, the IW reported he gets up once or twice a night to urinate and that his fingers have a tendency to "stick". The exam found his weight to be stable and he denied polyuria, polydipsia and polyphagia. His HbA1C was high on that date, at 9.7, translating to 231.7 mg/dl. Prescriptions for Actos and Glipizide were requested to bring the IW's blood glucose under control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actos 45mg #30 with 5 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approaches to Diabetes Control - Diabetes Care 2015 ; 38 S41-S48.

Decision rationale: According to the referenced article, Metformin is first line of medication for diabetes control (Type 2). If target is not reached a sulfonylurea maybe used after 3 months such as Glipizide. If after 3 months the A1c does not meet target, then an insulin-sensitizing agent such as Actos may be used. In this case, the claimant was on all 3 medications with an A1c of 9.1. This indicated that the claimant did not achieve benefit from the Actos and insulin will be needed. As a result, the request for Actos is not medically necessary.

Glipizide 10mg #120: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Approaches to Diabetes Control - Diabetes Care 2015 ; 38 S41-S48.

Decision rationale: According to the referenced article, Metformin is first line of medication for diabetes control (Type 2). If target is not reached a sulfonylurea maybe used after 3 months such as Glipizide. If after 3 months the A1c does not meet target, then an insulin-sensitizing agent such as Actos may be used. In this case, the claimant was on all 3 medications with an A1c of 9.1. This indicated that the claimant did not achieve benefit from the Glipizide and insulin will be needed. As a result, the request for Glipizied is not medically necessary.