

Case Number:	CM15-0052996		
Date Assigned:	03/26/2015	Date of Injury:	10/03/2006
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 10/03/2006. On provider visit dated 01/28/2015 the injured worker has reported musculoskeletal pain, however no new complaints were noted. The diagnoses have included status post work related injury and diabetes mellitus. Treatment to date has included laboratory studies, medication and physical therapy. The provider requested a refill of medication Glipizide for symptom control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 10mg #30/day 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 (ODG), diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com>; Glipizide and Diabetes Type I and Type II.

Decision rationale: Glipizide stimulates pancreatic islet beta cell insulin release. Epocrates Monograph Adult Dosing. Dosage forms: 5,10; 2.5,5,10 ER diabetes mellitus, type 2 [2.5-20 mg PO qd-bid] Start: 5 mg PO qd or 2.5 mg PO qd in elderly pts; Max: 40 mg/day or 20 mg/day ER; Alt: 5-10 mg ER PO qd; Info: for non-ER form, divide doses >15 mg/day and give 30min before meals; do not cut/crush/chew ER form. The treating physician stated the patient was diagnosed with Diabetes but did not detail whether it was Type I or II. In addition, it is not clear how the patient's diabetes is due to the industrial injury. As such the request for Gilipizide 10mg #30/day 30 is not medically necessary at this time.