

<b>Case Number:</b>	CM14-0133705		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	06/08/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with date of injury 6/8/2001. Per the primary treating physician's progress report dated 7/15/2014, the injured worker reports the new Soma generic is bothering his stomach. He takes Soma 1-2 times per day. He is taking Norco 3-5 times a day for back and right leg pain. It reduces his pain by at least half and allows him to get out of house and ride the bus and go shopping. He takes lisinopril 40 mg twice daily and diltiazem ER 120 mg once a day. He does not have a BP machine. He takes metformin 1000 mg twice daily. For the last 3 weeks he has been drinking smoothies 2-3 times per day. Omeprazole 25 mg twice daily is not helping his heartburn as much as before. On examination blood pressure is 132/96, and repeated is 130/90. Pulse is 72 and respiration 15. He is no acute distress. Lumosacral spine has flexion 25-30 degrees, extension 5 degrees. Straight leg raise is positive at 30 degrees on the right. There is tenderness to palpation at L2-S1 midline and paravertebral muscles with myospasm. There is hypesthesia posterolateral right leg. Right ankle plantar and dorsiflexion strength is 4/5, while left is 5/5. Diagnoses include 1) lumbar disc disease with radiculopathy 2) diabetes mellitus 3) hypertension 4) gastritis 5) irritable bowel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glipizide 5mg #60:** 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) Glipizide (Glucotrol).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes chapter, Sulfonylureas section.

**Decision rationale:** Per the requesting physician, the injured worker has been drinking smoothies with a large carbohydrate load, and his diabetes control has significantly worsened. Glipizide is added, and the injured worker is advised to discontinue the smoothies. The MTUS Guidelines do not address the use of sulfonylureas. The Official Disability Guidelines (ODG) does not recommend the use of sulfonylurea as a first line choice. The use of sulfonylureas with metformin has a 6 fold higher risk of hypoglycemia than Metformin plus a thiazolidinedione. The request for Glipizide 5mg #60 is not medically necessary and appropriate.