

<b>Case Number:</b>	CM15-0110801		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 45 year old male, who sustained an industrial injury on 12/28/2012. The diagnoses have included multiple third degree burns after walking into an asphalt machine that exploded resulting in burns on left forearm, hands and right foot. On provider visit dated 04/30/2015 the injured worker has reported pain in left forearm, bilateral hands and right foot. Diagnoses included diabetes mellitus. Laboratory studies dated 01/23/2015 noted a Hemoglobin A1C of 12.6 Treatment to date has included surgical, intervention and medication. The provider requested Omeprazole, Metformin, Glipizide and Januvia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Metformin 1000mg #60 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 chapter, Metformin (Glucophage).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Metformin (Glucophage).

**Decision rationale:** Metformin (Glucophage) is recommended as a first-line treatment of type 2 diabetes to decrease insulin resistance. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other anti-diabetic agents. In this case, the patient's diabetes is not related to his injury. Therefore, medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Glipizide ER 5mg #60 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 chapter, Sulfonylurea.

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

**Decision rationale:** Glipizide (Glucotrol) is an oral rapid and short-acting anti-diabetic drug of the sulfonylurea class. It is classified as a second generation sulfonylurea, which means it undergoes enterohepatic circulation. Glipizide is not recommended as a first-line choice. In this case, the patient's diabetes is not related to his industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Januvia 100mg #30 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 chapter, Sitagliptin (Januvia).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sitagliptin (Januvia).

**Decision rationale:** Sitagliptin (Januvia) is an oral anti-diabetic drug of the dipeptidyl-peptidase inhibitor class (DPP-4 inhibitors). It is not recommended as a first-line choice. Januvia is eliminated almost entirely by the kidneys; its dosage must be reduced for patients with moderate or severe renal insufficiency. Overall, studies found that the DPP-4 inhibitors improved HbA1c to a lesser extent than metformin as monotherapy but that when added to metformin, they improved HbA1c without additional risk for hypoglycemia. In this case, the patient's diabetes is not related to his industrial injury. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.