

Case Number:	CM15-0171580		
Date Assigned:	09/11/2015	Date of Injury:	09/27/2012
Decision Date:	10/19/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29-year-old male worker who was injured on 9-27-2012. The medical records reviewed indicated the injured worker was treated for diabetes mellitus, poorly controlled. The progress notes (3-18-15) indicated the IW claimed he felt "weak" with his diabetic medication and he was not checking his blood sugar often at home. Medications were Omeprazole 20mg daily, Metformin 500mg daily and Glipizide 10mg twice daily. The treating provider noted (7-2-15) he was working on modified duty. Lab results on 3-20-15 showed 4+ urine glucose and hemoglobin A1c 8.5. Treatments have included medications. The treatment plan included continuing his medications for diabetes. A Request for Authorization dated 7-22-15 asked for Metformin 500mg and Glipizide 10mg. The Utilization Review on 7-30-15 modified the request for Metformin 500mg to allow a one month supply; the requested Glipizide 10mg was non-certified as the CA MTUS guidelines for its use were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meformin 500mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Chapter Diabetes, last updated 05/06/15.

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 under Metformin (Glucophage).

Decision rationale: The patient presents with left knee pain. The request is for METFORMIN 500MG. The request for authorization is dated 07/22/15. Physical examination reveals left knee medial joint line tenderness and medial femoral condylar tenderness. McMurray causes pain. Patient's diagnoses include diabetes mellitus poorly controlled; probable excessive alcohol, with alcoholic liver disease; severe anemia consistent with gastrointestinal bleeding. Laboratory CBC results show extreme anemia, consistent with gastrointestinal blood loss. This was probably exacerbated by excessive alcohol consumption and chronic use of NSAID's. Red blood cell morphology shows modulated anisocytosis, marked hypochromasia, increase polychromasia, marked microcytosis, mild microcytosis and target cells. Per progress report dated 07/02/15, the patient is available for modified duty. ODG Guidelines, Diabetes Chapter under Metformin (Glucophage) Section states, "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. 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, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin." Per progress report dated 07/02/15, treater's reason for the request is "He was [REDACTED] last in April 2015 and at that time received Metformin and Glipizide. He is out of these medications. We will write him for a one month refill and then he will require follow up with [REDACTED] to further refill the medications." In this case, the patient is diagnosed with diabetes and ODG recommends the use of Metformin to decrease insulin resistance. Labs dated 03/18/15, shows Hemoglobin A1c 8.5. Nevertheless, given the patient's diabetes, the requested medication is indicated. The request IS medically necessary.

Glipize 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Chapter Diabetes, last updated 05/06/15.

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 under Sulfonylurea.

Decision rationale: The patient presents with left knee pain. The request is for GLIPIZIDE 10MG. The request for authorization is dated 07/22/15. Physical examination reveals left knee medial joint line tenderness and medial femoral condylar tenderness. McMurray causes pain. Patient's diagnoses include diabetes mellitus poorly controlled; probable excessive alcohol, with alcoholic liver disease; severe anemia consistent with gastrointestinal bleeding. Laboratory CBC results show extreme anemia, consistent with gastrointestinal blood loss. This was probably exacerbated by excessive alcohol consumption and chronic use of NSAID's. Red blood cell morphology shows modulated anisocytosis, marked hypochromasia, increase polychromasia, marked microcytosis, mild microcytosis and target cells. Per progress report dated 07/02/15, the patient is available for modified duty. ODG Guidelines, Diabetes Chapter under Sulfonylurea Section states, "Not recommended as a first-line choice, but may be

recommended as a safe alternative to thiazolidinedione treatment. In addition, the combination of metformin plus sulfonylureas is associated with 6-fold greater risk for hypoglycemia than the combination of metformin plus thiazolidinediones. When used as monotherapy, the risk for hypoglycemia with metformin and thiazolidinediones was similar, based on moderate-quality evidence. (ACP, 2012) Compared to metformin, oral anti-diabetic drug treatment with sulfonylureas increased the risk of a decline in kidney function or death. (Hung, 2012)"Per progress report dated 07/02/15, treater's reason for the request is "He was [REDACTED] last in April 2015 and at that time received Metformin and Glipizide. He is out of these medications. We will write him for a one month refill and then he will require follow up with [REDACTED] to further refill the medications." In this case, the patient is diagnosed with diabetes however ODG does not recommend Glipizide as first-line choice. Additionally, the patient is prescribed Metformin, and ODG does not recommend concurrent use of Metformin and Glipizide due to increased risk of a decline in kidney function or death. Therefore, the request IS NOT medically necessary.