

Case Number:	CM15-0172885		
Date Assigned:	09/15/2015	Date of Injury:	07/22/2003
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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: Internal 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 57-year-old male who sustained an industrial injury July 22, 2003. The Diagnosis related to this request is new-onset diabetes mellitus. Documented treatment includes Glyburide and Janumet, which is documented since at least February of 2015. The injured worker is stated to be managing blood sugar levels effectively with the medications and the treating physician's plan of care documented August 10, 2015 includes 60 count Glyburide 2.5 mg and 60 count Janumet 50-500 mg. Both were denied August 20, 2015. Current work status is documented as permanent and stationary, but whether he is working is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glyburide 2.5mg #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), Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2015.

Decision rationale: Glyburide is a sulfonylurea medication. These derivatives are a class of anti-diabetic drugs that are used in the management of diabetes mellitus type 2. They act by increasing insulin release from the beta cells in the pancreas. The medication is not considered a first-line treatment for diabetes mellitus type 2. In the case, the medication was previously discontinued on 5/16/15 by the patient's provider due to issues with hypoglycemia. There is no indication for this medication at this time. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Janumet 50/500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.Medscape.com>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2015.

Decision rationale: Sitagliptin/metformin (trade name Janumet) is an anti-diabetic drug, being a combination drug of Sitagliptin (a dipeptidyl peptidase-4 inhibitor) and Metformin. The medication is not usually started as a first-line medication for the treatment of Type 2 diabetes. There is no documentation indicating that either Metformin or Januvia alone were used to treat the patient's diabetes condition. There is no specific indication provided for the use of this combination medication for the treatment of the patient's diabetes. Medical necessity for the requested item is not established. The requested medication is not medically necessary.