

<b>Case Number:</b>	CM15-0072719		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 41 year old man sustained an industrial injury on 10/25/2010. The mechanism of injury is not detailed. Diagnoses include sacrolitis, thoracalgia, cervicobrachial syndrome, post-traumatic anxiety, and post-traumatic insomnia. Treatment has included oral medications. Physician notes dated 11/6/2014 show complaints of neck and spine pain, stiffness, and weakness. There is no further medical documentation to determine past treatment or plan of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glipizide extended release (ER) tablets 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Diabetes (Type 1, 2, and Gestational)Sulfonylurea.

**Decision rationale:** The injured worker sustained a work related injury on 10/25/2010. The medical records provided indicate the diagnosis of sacrolitis, thoracalgia, cervicobrachial

syndrome, post-traumatic anxiety, and post-traumatic insomnia. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Glipizide extended release (ER) tablets 5mg, #60. The MTUS is silent on this medication, but the Official Disability Guidelines recommends against its use as a first line agent. The records indicate the physician was as at the time of the request asking for the injured workers medical records. The MTUS recommends that future management of cases be done in the context of the information obtained from thorough history (including review of medical records, past treatments) and examination findings. Therefore, without knowledge of what has failed and what has worked in the past, the blood sugar levels and A1C and other chemistry, it is not possible to prescribe medications rather than starting with lifestyle modifications pending detailed information about the patient. The request is not medically necessary.