

Case Number:	CM15-0076278		
Date Assigned:	04/27/2015	Date of Injury:	05/11/2003
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 70-year-old male injured worker suffered an industrial injury on 05/11/2003. The diagnoses included cervical fusion, diabetes and hypertension. The diagnostics included finger stick blood glucose values. The injured worker had been treated with spinal surgery and medications. On 3/26/2015, the treating provider reported he is compliant with his diabetes and blood press medications and tries to limit carbohydrates. He reported the neck pain is constant with reduced range of motion in the neck. The treatment plan included Glipizide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glipizide 10mg x2, two (2) times per day, QTY: 120: 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, Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes, sulfonylurea.

Decision rationale: Glipizide is a sulfonylurea medication used in the treatment of diabetes. Sulfonylurea medications are not recommended as a first-line choice. Sulfonylureas should have much less priority because use of these agents is associated with hypoglycemia, weight gain, and limited duration of effectiveness after initiation of therapy. Sulfonylureas consistently increased the risk for hypoglycemia more than monotherapy with metformin, thiazolidinediones, DPP-4 inhibitors, or liraglutide did. First-line therapy with sulfonylureas significantly increases the risk for death in patients with type 2 diabetes when compared with treatment with metformin. Glipizide is not recommended as a first line treatment. There is no documentation that the patient has failed treatment with other first-line medications. Glipizide is not recommended. The request should not be medically necessary.