

<b>Case Number:</b>	CM14-0108803		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 10, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; epidural steroid injection therapy; earlier spine surgery; and spinal cord stimulator implantation. In a Utilization Review Report dated June 16, 2014, the claims administrator denied a request for metformin. The claims administrator seemingly suggested that it was basing its denial on the fact that the attending provider had failed to establish the diagnosis of diabetes at issue. The applicant's attorney subsequently appealed. In a December 5, 2013 progress note, the applicant was given prescriptions for Neurontin, Ambien, tramadol, and metformin. It was stated that the applicant carried a diagnosis of type 2 diabetes. In a January 30, 2014 progress note, the applicant reported 8/10 multifocal neck and low back pain. The applicant was not working, it was acknowledged. The applicant's medication list included Protonix, Provigil, Robaxin, Wellbutrin, Celebrex, metformin, tramadol, Ambien, and Neurontin. It was again suggested that the applicant was diabetic, although it was not stated how this diagnosis was arrived upon. In a progress note dated March 27, 2014, the applicant was again described as having multifocal pain complaints. The applicant was reportedly using metformin for diabetes, it was stated. Metformin was renewed. There was no explicit discussion of medication efficacy and no commentary as to how the diagnosis of diabetes has been arrived upon. Electrodiagnostic testing of April 5, 2004 was notable for evidence of an L5 radiculopathy. On May 22, 2014, a variety of medications, including metformin, were reportedly issued and/or renewed. Again, there was no discussion of medication efficacy. No hemoglobin A1c values on file were documented. In a June 19, 2014 progress note, the applicant again received a variety of medication refills. A comprehensive metabolic panel was ordered.

Epidural steroid injection therapy was sought. Metformin was apparently renewed. The applicant had undergone a variety of urine drug tests over the course of the claim, it was further noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Metformin HCL 500mg #30 x 2 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: Compensation Drug Formulary: Metformin (Glucophage)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Metformin Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of metformin usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does note that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. While the Food and Drug Administration (FDA) does acknowledge that metformin or Glucophage is indicated as an adjunct to diet and exercise to improve glycemic control in adults and children with type 2 diabetes, in this case, however, the attending provider has simply renewed metformin from visit to visit, with no discussion of medication efficacy. The attending provider has not documented any recent hemoglobin A1c values on file. The attending provider has not stated whether or not ongoing usage of metformin has been successful here. No random blood sugars were drawn in the clinic setting. Continued usage of metformin without some explicit discussion of medication efficacy is not recommended, per page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.