

<b>Case Number:</b>	CM14-0182516		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 51-year-old male who has submitted a claim for hypertension and diabetes mellitus associated with an industrial injury date of 8/29/2011. Medical records from 2014 were reviewed. The patient had a follow-up visit for blood pressure and diabetes management. He was compliant with his medication regimen. He had no complaints. Physical examination showed a blood pressure of 124/78 mmHg, pulse rate 74 beats per minute, and weight of 206 pounds. He was alert, oriented, and no in acute distress. Pupils were round and reactive to light. Treatment to date has included right shoulder arthroscopy, cervical epidural steroid injection, physical therapy, and medications such as Prilosec, metformin (since May 2014), simvastatin (since May 2014), Ativan, and Glyburide. The utilization review from 10/2/2014 denied the requests for Metformin 1000mg TID #90 and Simvastatin 50mg at bedtime #30 because of lack of information concerning patient's comorbid conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metformin 1000mg TID #90:** 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, Metformin (Glucophage).

**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, Metformin.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, metformin is recommended as a first-line treatment for type 2 diabetes to decrease insulin resistance. It can be used as monotherapy or in combination with other anti-diabetic agents. It is effective in decreasing fasting and post-prandial glucose concentrations, and has beneficial effects on weight, lipid profile, and fibrinolysis. In this case, patient has been prescribed metformin since May 2014. However, there is no blood glucose monitoring since then. There is sparse information concerning the patient's diabetes. Therefore, the request for Metformin 1000mg TID #90 is not medically necessary.

**Simvastatin 50mg at bedtime #30:** 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, Statins

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), National Cholesterol Education Program, National Institutes of Health ([www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3full.pdf)).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Adult Treatment Panel (ATP) III, endorsed by the National Institutes of Health, was used instead. It states that statin therapy reduced risk for CHD in men and women, in those with or without heart disease, in older and younger subjects, in those with diabetes and hypertension, and at most levels of cholesterol. In this case, patient has been prescribed simvastatin since May 2014. However, there is no lipid profile monitoring since then. There is sparse information concerning his dyslipidemia. Therefore, the request for Simvastatin 50mg at bedtime #30 is not medically necessary.