

Case Number:	CM14-0046142		
Date Assigned:	07/02/2014	Date of Injury:	09/15/2009
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 claimant was injured on 09/15/09. A chemistry panel and Metformin are under review. The claimant was injured when he was involved in an altercation and he sustained injuries to his neck, left elbow, right hand, and left side of head. He had last been seen a year ago and was taking Metformin but not following a diet. Lab work was completed on 02/17/14. Metformin is recommended as first line treatment of type 2 diabetes to decrease insulin resistance. It is also a cornerstone of dual therapy for most patients. Medications are recommended after lifestyle modifications including diet, exercise, and weight loss. For monotherapy, Metformin is the preferred first-line agent. He has been diagnosed with diabetes mellitus type 2, hyperlipidemia, metabolic syndrome, insomnia, and has a history of PTSD. He underwent a chemistry panel blood workup and was given 60 tablets of Metformin 1000 mg on 02/17/14. His last documented blood work was dated 10/11/11 and he had an elevated glucose at 150 mg/dL. He complained of occasional polyuria, polydipsia, and nocturia. He was not following a diet. His chemistry panel showed a persistently elevated glucose compared to the lab work in October 2011. There is no mention of any workup from his primary care physician. It is also not clear how his diabetes is related to his industrial injury. He also had uncontrolled blood glucose levels despite medication use. The requests were not certified. He saw [REDACTED], an orthopedic surgeon on 08/23/13. He was seen for neck and low back pain. He received an impairment rating. He saw [REDACTED] on 02/17/14 and the lab studies and Metformin were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chemistry Panel blood work up (DOS: 02/17/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://labs.unchealthcare.org/medical-necessity-checking/icd-9-codes/Metabolic%20Panels-%20Basic%20-%20Comprehensive.pdf/at_download/file.

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: Department of Veteran Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of diabetes mellitus. Washington (DC): Department of Veteran Affairs, Department of Defense; 2010 Aug.

Decision rationale: The history and documentation do not objectively support the request for a retrospective chemistry panel blood workup. The claimant had prior blood work about one year previously and had elevated glucose. He was taking Metformin for diabetes mellitus type 2. However, although there is no evidence of follow up during that year, the claimant may have been treated by his primary care provider and there is no evidence that he was asked about this. Also, he was not following a diet. There is no documentation of symptoms of high or low blood sugar for which laboratory studies might have been indicated on 02/17/14. Glucose levels are typically followed along with period hemoglobin A1c but other chemistries are not typically needed. The medical necessity of a chemistry panel blood work has not been clearly demonstrated.

Retrospective Metformin 1000mg BID 2x day #60 (DOS: 02/17/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Online Edition. Chapter: Diabetes- Metformin (Glucophage).

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: Department of Veteran Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of diabetes mellitus. Washington (DC): Department of Veteran Affairs, Department of Defense; 2010 Aug.

Decision rationale: The history and documentation do not objectively support the request for Metformin. The claimant had prior blood work about one year previously and had elevated glucose. He was taking Metformin for diabetes mellitus type 2. However, although there is no evidence of follow up during that year, the claimant may have been treated by his primary care provider and there is no evidence that he was asked about this. Also, he was not following a diet. The guidelines recommend the following: Screening for Diabetes: Recognizing risk factors for developing diabetes mellitus; Obtaining fasting plasma glucose in patients with risk factors; Counseling for interventions to prevent diabetes mellitus (e.g., lifestyle modifications, weight loss); Repeated screening at regular intervals. There is no indication that the claimant was asked about attempts at lifestyle changes. The use of medication such of Metformin as the sole

treatment method to control blood sugar is not appropriate or recommended. Therefore, this request is not medically necessary.