

<b>Case Number:</b>	CM14-0052898		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 and is licensed to practice in Washington and Maryland. 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 employee was a 47-year-old male who sustained an industrial injury on 08/05/1966. The mechanism of injury was not given in the medical records. His diagnoses included post laminotomy pain syndrome, chronic bilateral lumbar radiculitis, gastritis, major depressive disorder, and adult onset diabetes mellitus. His medications included Ultram, Lyrica, Prilosec, Prozac, Lisinopril and Metformin. He was seen on 03/25/14 by the provider. He reported increased reflux since being out of Protonix. His glucometer was reportedly broken and hence he was unable to check his blood glucose. His diagnoses included gastropathy due to anti-inflammatory medications and recent diagnosis of diabetes mellitus. His plan of care included Metformin 850mg PO TID, Accu-chek machine, lancets/testing strips and Protonix 20mg PO BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metformin 850mg TID x 2 refills #3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes mellitus, Metformin.

**Decision rationale:** The employee had a diagnosis of diabetes mellitus. He also had post laminotomy syndrome and major depression. According to Official Disability Guidelines, Metformin is recommended as the first line treatment for diabetes mellitus. He was not checking his blood glucose as his machine was broken. The request for Metformin 850mg TID with 2 refills is medically necessary and appropriate.