

Case Number:	CM15-0005156		
Date Assigned:	01/20/2015	Date of Injury:	04/26/2013
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 52 year old female who sustained an industrial related injury on 4/26/13. The injured worker had complaints of bilateral shoulder pain, bilateral elbow pain, and numbness in the hands. The injured worker was treated with physical therapy. Prescriptions included Metformin HCL. Diagnoses included C4-5 and C5-6 disc degeneration, right AC joint degenerative joint disease, right carpal tunnel syndrome, and right greater than leg lateral epicondylitis. The injured worker has a medical history of diabetes. The physician noted cortisone injections would be administered to treat the epicondylitis. The cortisone injections were anticipated to elevate the injured worker's blood sugar and therefore she would require Insulin and Metformin. On 1/8/15 the treating physician requested authorization for Insulin and Metformin. On 12/9/14 the requests were non-certified. The utilization review physician cited the Official Disability Guidelines and noted the medical records did not indicate the injured worker was pre-surgical or that diabetic management issues were present. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insulin/Metformin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Metformin: Drug information. Topic 9621, version 148.0. UpToDate, accessed 03/15/2015. McCulloch DK, et al. Insulin therapy in type 2 diabetes mellitus. Topic 1801, version 16.0. UpToDate, accessed 03/15/2015

Decision rationale: The MTUS Guidelines are silent on this issue. Metformin is FDA-approved to treat type 2 diabetes mellitus when high blood sugar cannot be managed with diet adjustments and exercise alone. There is also some literature to support its use with polycystic ovarian syndrome, gestational diabetes, and the prevention of type 2 diabetes mellitus in specific circumstances. Insulin can be used to control blood sugar levels in those with type 2 diabetes mellitus whose sugar levels remain uncontrolled despite treatment with diet adjustments, exercise, weight loss if appropriate, and oral medications. The submitted and reviewed records reported the worker suffered from diabetes mellitus, lateral epicondylitis involving both elbows, and right medial epicondylitis, among other issues. Treatment recommendations included steroids injected into the elbows. This treatment generally does not significantly raise the blood glucose levels, even in diabetics, because the majority of the medication remains in the joint. However, in uncommon cases, this can occur for up to four days. The proper medical management of high blood sugar levels in this situation is dependent on the sugar levels other factors and should be treated accordingly. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of insulin and metformin at unspecified doses is not medically necessary.