

<b>Case Number:</b>	CM15-0107021		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California  
Certification(s)/Specialty: Internal 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 49-year-old, female who sustained a work related injury on 4/9/08. The diagnosis has included diabetes mellitus triggered by industrial injury, controlled. Treatments have included medication and a low-glycemic diet. In the Internal Medicine Consultation Discharge Report dated 4/29/15, the injured worker denies polyuria or polydipsia. She states her diabetes mellitus is nicely controlled with the use of Metformin 500mg, three times a day. She denies any hypoglycemic events. Her average morning Accu-checks are between 95 and 120. The treatment plan includes refills for medication, a request for test strips/lancets/alcohol swabs and she is to continue diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lancets #1 Box with 2 Refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Metformin <http://www.drugs.com/pro/metformin.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does not address diabetes mellitus management. FDA Prescribing Information for Metformin indicates that response to all diabetic therapies should be monitored by periodic measurements of fasting blood glucose and glycosylated hemoglobin levels, with a goal of decreasing these levels toward the normal range. During initial dose titration, fasting glucose can be used to determine the therapeutic response. Thereafter, both glucose and glycosylated hemoglobin should be monitored. The Internal Medicine consultation report dated April 29, 2015 documented that the patient reports that her diabetes mellitus have been nicely controlled with the use of Metformin at 500 mg three times daily. She denies any hypoglycemic events. Her average a.m. Accu-Cheks are between 95 and 120. The diagnosis was diabetes mellitus, triggered by industrial injury. Regarding the treatment plan, the patient will continue with a low-glycemic diet and Metformin at 500 mg three times daily #90 with two refills. Test strips, lancets, and ETOH swabs were prescribed. The request for Lancets is supported by FDA guidelines. Therefore, the request for Lancets is medically necessary.

**Alcohol Swabs #1 Box with 2 Refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Metformin <http://www.drugs.com/pro/metformin.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does not address diabetes mellitus management. FDA Prescribing Information for Metformin indicates that response to all diabetic therapies should be monitored by periodic measurements of fasting blood glucose and glycosylated hemoglobin levels, with a goal of decreasing these levels toward the normal range. During initial dose titration, fasting glucose can be used to determine the therapeutic response. Thereafter, both glucose and glycosylated hemoglobin should be monitored. The Internal Medicine consultation report dated April 29, 2015 documented that the patient reports that her diabetes mellitus have been nicely controlled with the use of Metformin at 500 mg three times daily. She denies any hypoglycemic events. Her average a.m. Accu-Cheks are between 95 and 120. The diagnosis was diabetes mellitus, triggered by industrial injury. Regarding the treatment plan, the patient will continue with a low-glycemic diet and Metformin at 500 mg three times daily #90 with two refills. Test strips, lancets, and ETOH swabs were prescribed. The request for alcohol swabs is supported by FDA guidelines. Therefore, the request for alcohol swabs is medically necessary.

**Test Strips #1 Box with 2 Refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Metformin <http://www.drugs.com/pro/metformin.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does not address diabetes mellitus management. FDA Prescribing Information for Metformin indicates that response to all diabetic therapies should be monitored by periodic measurements of fasting blood glucose and glycosylated hemoglobin levels, with a goal of decreasing these levels toward the normal range. During initial dose titration, fasting glucose can be used to determine the therapeutic response. Thereafter, both glucose and glycosylated hemoglobin should be monitored. The Internal Medicine consultation report dated April 29, 2015 documented that the patient reports that her diabetes mellitus have been nicely controlled with the use of Metformin at 500 mg three times daily. She denies any hypoglycemic events. Her average a.m. Accu-Cheks are between 95 and 120. The diagnosis was diabetes mellitus, triggered by industrial injury. Regarding the treatment plan, the patient will continue with a low-glycemic diet and Metformin at 500 mg three times daily #90 with two refills. Test strips, lancets, and ETOH swabs were prescribed. The request for test strips is supported by FDA guidelines. Therefore, the request for test strips is medically necessary.