

Case Number:	CM15-0183892		
Date Assigned:	09/24/2015	Date of Injury:	01/17/2006
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 39-year-old male who sustained an industrial injury on 01-17-2006. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and lumbar intervertebral disc disorder with myelopathy and sciatica. Industrial related medical history included gastroesophageal reflux disorder (GERD), hypertension with retinopathy, obstructive sleep apnea, diabetes mellitus and hypertriglyceremia. The injured worker is status post lumbar microdiscectomy in 2013 and lumbar fusion in 2014. According to a secondary treating physician's progress report on 08-26, 2015, the injured worker reported improving blood sugar. An Accu check (non-fasting) of 351 mg-dL was documented. A body composition study was done at the office visit. Within a 07-24-2015 progress note, documentation revealed a random glucose at 329 mg-dl with positive serum ketones and a urinalysis with glucose at 500 mg-dl with ketones greater than 160 mg-dL both performed on 07-06-2015. Laboratory blood work performed on 07-03-2015 noted the serum glucose to be 252 mg-dL. According to a secondary treating physician's progress report on July 15, 2015, an Accu check (non-fasting) was 424 mg-dL with second reading of 311 mg-dL with 18 units of Novolog. Recent diagnostic lumbar spine magnetic resonance imaging (MRI) performed on 03-18-2015 was interpreted within the progress note dated 07-16-2015. Prior treatments have included diagnostic testing, 6 lumbar epidural steroid injection, surgery, physical therapy, cardiac work-up, weight reduction instructions and follow a low-acid, low fat, low cholesterol, low sodium and low glycemic diet. Current medications were listed as anti-hypertensive, anti -triglyceride and anti-cholesterol medications, proton pump inhibitors and Aspirin. Treatment plan consists of

maintaining a blood pressure diary, weight loss recommendations, and laboratory blood work for HGBA1C, CMPR and Complete Blood Count (CBC) and the current request for on 08-21-2015 for Metformin 1000mg twice a day #60. On 08-27-2015, the Utilization Review determined the request for Metformin 1000mg twice a day #60 was not substantiated and therefore not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin 1000mg twice a day #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, metformin (Glucophage).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, metformin.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of diabetes. The American Family of Family Physician recommends metformin as a starting treatment choice for the treatment of type 2 diabetes. The patient has diabetes with no contraindication to the medication. Therefore, the request is medically necessary.