

Case Number:	CM15-0052692		
Date Assigned:	03/26/2015	Date of Injury:	09/21/1998
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 58 year old male, who sustained an industrial injury on September 21, 1998. He reported low back pain. The injured worker was diagnosed as having degenerative disc disease of the mid thoracic spine, post lumbar laminectomy syndrome, lumbar disc disease, lumbar radiculopathy and intrathecal catheter placement. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the low back, intrathecal pump placement, medications and work restrictions. Currently, the injured worker complains of low back pain radiating to bilateral lower extremities, left hip pain and poor sleep. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 28, 2014, revealed continued pain. Evaluation on December 23, 2014, revealed continued pain. He was noted to be exercising on a treadmill for weight loss and strengthening. The intrathecal pump was refilled and medications were renewed. It was noted the injured worker had lost 50 pounds. Metformin was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin hydrochloride (HCL) 500mg #120: Upheld

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 Management of persistent hyperglycemia in type 2 diabetes mellitus by David McCulloch, MD in UpToDate.com.

Decision rationale: This patient's date of injury is 09/21/1998. The patient receives treatment for chronic mid and low back pain and "failed back." The patient has had low back operations. The documentation states that patient exercises on a treadmill and has lost 50 lbs. Metformin is a medication which is indicated to treat patients with diabetes type II, after a trial of diet and exercise have been tried and failed. The documentation for this patient does not mention any type of diabetes. Metformin is not medically indicated.