

<b>Case Number:</b>	CM14-0215781		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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:

This 44 year old male sustained an industrial related injury on 04/27/2014 when he slipped and fell on an oily floor (according to the UR). The results of the injury included low back and right knee injuries as well as new onset diabetes (according to the UR). The medical records submitted were limited and there was limited information on the injured worker's initial or previous diagnoses. Per a pre-operative evaluation for right knee surgery (11/03/2014), the injured worker's subjective complaints included occasional chest pain due to financial issues and a history of right knee problem (non-specific). No other complaints were reported. Objective findings on this report included a blood pressure of 124/83, weight of 255, height 5 foot 10 inches, and negative system findings. According to the UR, previous treatments have included oral medications, left finger surgery (date unknown), physical therapy for the lumbar spine and right knee, psychological evaluations and psychotherapy. Diagnostic testing has included an ECG (11/03/2014) with normal findings, normal spirometry studies, normal chest x-rays, an echocardiogram with an ejection fraction of 60%, left ventricular hypertrophy and +1 MR, and laboratory testing which revealing elevated blood sugar and cholesterol levels. Current diagnoses include pre-operative evaluation for right knee surgery, new onset diabetes, hyperlipidemia, and left ventricular hypertrophy with hypertension. The Glucophage was requested for the treatment of new onset diabetes. Treatments in place around the time the Glucophage was requested included oral medications. There were no reported changes in the injured worker's pain. Functional deficits and activities of daily living were not addressed. Work status was not addressed. Dependency on medical care was unchanged. On 11/26/2014, Utilization Review

non-certified a prescription for Glucophage 500 mg (quantity not provided) which was requested on 11/13/2014. The Glucophage was non-certified based on the absence of diagnostic diabetes testing and lack of evidence that life style changes had been addressed and failed to provide sufficient improvement in the injured worker's blood sugar levels. The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Glucophage 500 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Glucophage 500 mg:** 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) Diabetes

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. The physician desk reference states the requested medication is commonly used in the treatment of type 2 diabetes. Most major mission statements on treatment algorithms, recommend glucophage as the initial treatment of choice in patients who have failed diet and exercise unless contraindicated. This patient has the diagnosis of diabetes and no recorded contraindications for the medicine. Therefore the medical necessity for the medication has been established and the request is medically necessary and appropriate.