Case Number:	CM15-0128578		
Date Assigned:	07/14/2015	**Date of Injury:**	03/29/2010
Decision Date:	08/13/2015	**UR Denial Date:**	06/17/2015
Priority:	Standard	**Application Received:**	07/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 3/29/10 while working as a greens man. He was carrying a tree when he experienced low back pain. He was medically evaluated and treated with physical therapy, medications and epidural injections. In 2012 he was diagnosed with hypertension and diabetes. He has ongoing low back and lower extremity symptoms. Physical exam of the lumbar spine reveals weakness in the L5 distribution and decreased range of motion. Medications are Novolog Flex Pen, Levemir, Clonidine, omeprazole, Norco, hydrochlorothiazide. His laboratory evaluations reveal a hemoglobin AIC of 13.2 and a glucose of 356 (5/20/15). Diagnoses include hypertension; diabetes; obesity; multilevel cervical and lumbar spondylosis; multilevel cervical stenosis; moderate to severe spinal stenosis and instability. Diagnostics include lumbar spine MRI, lumbar spine radiographs and electromyography/ nerve conduction study all confirming chronic L5 nerve root irritation bilaterally. In the progress note dated 5/20/15 the treating provider's plan of care includes a request for metformin 850 mg three times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin HC 850mg, #270: 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 Official Disability Guidelines (ODG) Diabetes and Other Medical Treatment Guidelines Uptodate Online: metformin.

Decision rationale: With regard to this request, the CA MTUS does not directly address metformin. Instead, the ODG Diabetes Chapter and Uptodate Online are cited. Uptodate Online is an evidenced-based database and specifies that the mechanism of action of metformin is decreased hepatic glucose production, decreased intestinal absorption of glucose, and improvement of insulin sensitivity (increases peripheral glucose uptake and utilization). The ODG recommend this for Diabetes Type 1, Type 2, and gestational. In the case of this injured worker, there is documentation of diabetes and several blood glucose levels in the 200's range. Clearly, from a medical perspective metformin is needed. Additional titration over time should be carried out because presumably the glucose is not well controlled. Note that the IMR process determines medical necessity but does not address causation. If non-industrial causes are suspected, the claims administrator may still deny this treatment on the grounds that it is not related to the original industrial injury. This medication is appropriate, even for a several month supply given the chronic nature of diabetes.