

Case Number:	CM15-0178494		
Date Assigned:	09/18/2015	Date of Injury:	07/31/2011
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/10/2015

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 48-year-old male, who sustained an industrial injury on 7-31-11. The documentation noted that the injured worker was seen on 4-27-15. The injured worker had complaints of chest pain, lower extremity edema and lower back pain. The documentation noted there was right lumbar paraspinal spasms. The documentation noted on 7-27-15 the injured worker reported that for the last week had been feeling really weak and tired and naps don't help. The injured worker reported having pressure stabbing pain in armpit and mid chest that last for minutes then tapers lasting 5 minutes and was referred to the emergency room. Lab work on 7-27-15 noted that the glucose level was elevated and the Hemoglobin A1C was 6.1 and normal was less than 6.0. The diagnoses have included diabetes. Treatment to date has included Duragesic patch; Percocet; MS Contin; Lisinipril; Amlodipine; Crestor; Aspirin; Singulair; Metformin; Prednisone; Cymbalta; Lexapro and HCTZ. The original utilization review (8-27-15) non-certified the request for Metformin HCL ER 500mg (everyday).

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin HCL ER 500mg (everyday): 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 Chapter Metformin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter/Metformin.

Decision rationale: According to the ODG, Metformin (Glucophage) is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. The As a result of its safety and efficacy, Metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. In this case, the injured worker is noted to have elevated blood sugar levels, and the request for Metformin 500 mg daily is supported. The request for Metformin HCL ER 500mg (everyday) is medically necessary and appropriate.