MAXIMUS Federal Services

Case Number:	CM15-0071213		
Date Assigned:	04/21/2015	Date of Injury:	10/25/2010
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 10/25/10. Medical history includes hypertension and type II diabetes. He reported neck pain and back pain. The injured worker was diagnosed as having essential hypertension without retinopathy, hypermetropia, presbyopia, pinguecula, and diabetes without mention of complication. Treatment to date has included medications. Currently, the injured worker complains of abdominal pain and acid reflux. The treating physician requested authorization for Metformin HC 850mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin HC 850mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, Disorders of the Cardiovascular System Endochrinology and Metabolism, Official Disability Guidelines (ODG), Pain, Medical Foods, Diabetes: Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com-drug information.

Decision rationale: The MTUS is silent regarding the use of Metformin. According to Uptodate.com, metformin is used in the management of type II diabetes when hyperglycemia cannot be managed with diet and exercise alone. Monitoring of the drug includes urine for glucose and ketones, fasting blood glucose, hemoglobin A1c, and fructosamine. Initial and periodic monitoring of hematologic parameters (eg, hemoglobin/hematocrit and red blood cell indices) and renal function should be performed, at least annually (Canadian labeling recommends monitoring renal function every 6 months or more frequently if necessary). While megaloblastic anemia has been rarely seen with metformin, if suspected, vitamin B12 deficiency should be excluded. In this case the IW is being treated for DM with metformin. The documentation doesn't specify that the severity of hyperglycemia requires further treatment beyond diet and exercise. Furthermore the records submitted don't include results or the appropriate laboratory testing to monitor the metformin to indicate if it is medically appropriate for continued use. The request is not medically necessary.