

<b>Case Number:</b>	CM15-0075096		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 43 year old female who sustained an industrial injury on 02/25/2011. The injured worker was diagnosed with lumbar sprain/strain, lumbar radiculopathy and depression. The injured worker has a medical history of diabetes mellitus, hypertension and obesity. Treatment to date includes physical therapy, psychological evaluation and medications. On 3/5/2015, it was noted that the IW had previously declined treatment for high blood pressure and was not utilizing any medication for long standing borderline diabetes that was unrelated to the work injury. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to experience low back pain radiating to the left lower extremity with numbness and tingling. The injured worker rates her pain level at 4/10. Examination of the lumbar spine demonstrated decreased range of motion. The injured worker uses a four point walker. There were no medications listed. Treatment plan consists of home exercise program as tolerated and the current request for Metformin and Aspirin 81mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metformin 500mg (no quantity): Upheld**

**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 (Type 1, 2, and Gestational).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the utilization of metformin for the treatment of non-injury related conditions. The records indicate that the patient was diagnosed with long standing borderline diabetes and hypertension that was not related to the work injury. The patient admitted to high calorie intake and non-compliance with diet, exercise or medications treatment. The criteria for the use of metformin was not met and the request is not medically necessary.

**Aspirin 81mg (quantity):** Upheld

**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 (Type 1, 2, and Gestational).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the utilization of aspirin for the treatment of non-injury related conditions. The records indicate that the patient was diagnosed with long standing borderline diabetes and hypertension that was not related to the work injury. The patient admitted to high calorie intake and non-compliance with diet, exercise or medications treatment. The criteria for the use of aspirin 81mg was not met and the request is not medically necessary.