

Case Number:	CM15-0097555		
Date Assigned:	05/28/2015	Date of Injury:	04/18/2009
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 April 18, 2009. He reported low back pain radiating to the right leg and dizziness. The injured worker was diagnosed as having chronic low back pain, degenerative disc disease of the lumbar spine, lumbago, obstructive sleep apnea, morbid obesity, hypertension and Meniere's disease. Treatment to date has included diagnostic studies, physical therapy a home exercise plan, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated right lower extremity radicular symptoms and dizziness. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on September 11, 2014, revealed continued pain as noted with associated symptoms. Metformin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metformin HCL Extended Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Physician's desk reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty- Diabetes, page 962.

Decision rationale: Review indicates the patient had previous medical history of diabetes mellitus at the time of injury. Submitted reports have not provided sufficient medical status of the patient's diabetic condition nor has the provider demonstrated the associated issue and medical necessity for treatment with this medication to allow for the patient's functional recovery from the injury sustained in 2009 to the low back. The Metformin HCL Extended Release is not medically necessary or appropriate.