

<b>Case Number:</b>	CM13-0030995		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, prior left shoulder surgery in July 2012, unspecified amounts of physical therapy, and reported return to regular work. In a utilization review report of September 20, 2013, the claims administrator certified the request for Norco, Prilosec, Motrin, and tramadol while denying the request for 60 tablets of Reglan. The applicant's attorney later appealed. An earlier clinical progress report of October 3, 2013, is notable for comments that the applicant has had ongoing issues with headaches. He has gone back to regular duty work. He is using Elavil. He was given a shot of Toradol in the clinic. He has taken off work for one day and then returned to regular duty work subsequently. Both this note and the earlier note of September 5, 2013, are notable for comments that the applicant is using Phenergan on a p.r.n. basis for nausea, while on August 26, 2013, request for authorization form does seek out a prescription for Reglan on a scheduled basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reglan 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) website, Drugs & Drugs Safety.

**Decision rationale:** The California MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Reglan is used to relieve gastroparesis in diabetics, prevent nausea and vomiting in cancer chemotherapy, prevent postoperative nausea and vomiting, and/or facilitate propulsion of barium through the small intestine in barium swallow study. In this case, however, it does not clearly state why Reglan is being sought here. The claimant does not appear to have the FDA approved indications. He does not have gastroparesis, nausea or vomiting associated with chemotherapy, and/or nausea and vomiting associated with shoulder surgery. He is status post shoulder surgery in July 2013. He is several months removed from the date of shoulder surgery on the date of the request. Continuing Reglan in this context is not indicated. Therefore, the request is not certified.