

Case Number:	CM13-0049823		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2000
Decision Date:	09/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 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/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 patient is a 53 year old female injured on 01/27/00 due to an undisclosed mechanism of injury. The patient was diagnosed with failed back surgery syndrome and ongoing cervical radiculopathy. The patient underwent spinal cord stimulator placement in 2004; however, it was removed due to MRSA wound infection. Clinical documentation indicated the patient had significant psychiatric conditions requiring ongoing treatment with psychiatrist. The patient was hospitalized on multiple occasions for alcohol/medication habituation and suicide attempts. Clinical documentation indicated the patient had ongoing complaints of back pain which contributed to the severe depression and psychiatric complaints. Previous utilization review on 10/16/13 indicated partial certification for clonazepam for weaning purposes and topamax as the neurologist was to assume care of prescribing of medication. There was no subsequent documentation to indicate that the neurologist had assumed that role. Reglan 5MG one month supply for weaning is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 5mg every 4-6 hours as needed, with one refill: 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 Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) (Electronically sited).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. There is no indication in the documentation that the patient is suffering from acute gastroenteritis or post-operative nausea/vomiting. As such, the request for Reglan 5mg every 4-6 hours as needed, with one refill is not medically necessary at this time.