

Case Number:	CM13-0055308		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2004
Decision Date:	08/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehab 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 injured worker is a 58-year-old female who reported an injury on 06/01/2004. The mechanism of injury was not provided within the submitted medical records. Within the clinical visit on 10/17/2013, it was noted the patient complained of low back pain radiating into the right thigh and the posterior leg. It was noted that the patient presented with an updated lumbar MRI with official results not documented or provided within the submitted medical record. It is further noted that the patient was vomiting her current pain medications at that time, and was only taking them on an as needed basis. Her medications at that time were noted to be Roxycodone 15 mg (as needed), Celebrex 2 mg (once a day), Soma 350 mg (once a day), and Biofreeze. The physical exam noted that the patient walked with a limp with reflexes at the patella graded 2+ and absence reflexes in the Achilles. Strength was decreased in both lower extremities and had a positive straight leg raise on both the right and the left causing pain in the anterior and posterior right leg and the posterior left leg. The patient's diagnoses included status post multilevel decompression with lateral fusion at L4-5 in 2004 and severe facet arthropathies from L3-S1. Other official diagnostic imaging included an EMG/NCS completed on 03/12/2009 which showed focal neuropathies at the left median nerve suggesting mild carpal tunnel syndrome with normal electrodiagnostic studies of the bilateral legs completed in 09/2010. Further surgical interventions included a nonindustrial related right hip replacement in 2011. It was noted that the patient was being recommended to take Reglan as the patient was intolerant of taking Celebrex. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF REGLAN 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation REGLAN (metoclopramide Hydrochloride) Tablet." N.p., n.d. Web. 20 Aug. 2014.
<<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=de55c133-eb08-4a35-91a2-5dc093027397#nlm34067-9>>.

Decision rationale: The request for Prescription of Reglan 10MG #60 is not medically necessary. The articles referenced have stated that the indicated usage for Reglan is to include for gastroesophageal reflux with an indicated short term usage of 4 to 12 weeks for therapy for adults with symptomatic, documented gastroesophageal reflux who failed to respond to conventional therapy. The principal effect of Reglan is on symptoms of postprandial and daytime heartburn with less observed effect on nocturnal symptoms. Within the submitted documentation, there was no indication that the patient had tried any other conventional therapies to address the gastrointestinal to counter the adverse side effects from taking the Celebrex, and at this time is not supported by recent literature. Moreover, there is not enough recent documentation to support that the patient has a continuing condition at this time, and is unknown if the patient has had continuance of the symptoms. As such, the request is not medically necessary.