

<b>Case Number:</b>	CM15-0004907		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 67 year old male, who sustained an industrial injury on 2/07/2001. The diagnoses have included cervicalgia, chronic migraines, diabetes, depression, anxiety, and chronic intractable shoulder pain. Treatment to date has included multiple surgical procedures and conservative measures. Currently, the injured worker reports improvement of pain, taking current medications. Norco 10/325mg (up to 6 tablets daily), Lyrica 100mg (every 6 hours), Orphenadrine, Fluoxetine, and Lorazepam were currently prescribed. Linzess was used to manage opioid induced constipation and gastroparesis. Nausea was noted as improved since last visit, although the previous visit only documented "some nausea". He was ambulatory with a walker. Cervical paraspinal muscles were tight to palpation and trigger points were noted. A stable sensory exam was noted. Strength was unchanged in upper and lower extremities. On 12/16/2014, Utilization Review non-certified a prescription request for Metoclopramide 10mg #120, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metoclopramide 10 MG #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Metoclopramide HCl (Reglan) is a gastrointestinal stimulant used to treat gastroesophageal reflux/erosions/ulcers of the esophagus and diabetic gastroparesis. Per MTUS Chronic Pain Treatment Guidelines, the patient does meet criteria to support for medication use namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have described and provided the GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show documentation of history, symptoms, and GI diagnosis to warrant this medication. The Metoclopramide 10 MG #120 is medically necessary and appropriate.