

Case Number:	CM15-0186582		
Date Assigned:	09/28/2015	Date of Injury:	05/11/2006
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 5-11-2006. The injured worker is being treated for cauda equina syndrome, post laminectomy syndrome lumbar, coccyx fracture and post concussive syndrome. Treatment to date has included multiple surgical interventions (L4 lumbar fusion and multiple revisions), medications, physical therapy, TENS, heat treatment, ESI injection and facet joint injection. Current medications as of 8-08-2015 include Ibuprofen, Lidoderm, Reglan (metoclopramide), Tramadol, Norco, Duragesic, Amitiza, Mirapex, Lyrica and Baclofen. Per the Primary Treating Physician's Progress Report dated 8-18-2015, the injured worker reported decreased pain in her left hip rated as 4 out of 10, left leg rated as 4 out of 10, and left foot rated as 3 out of 10 but increased weakness in her left knee. She sustained a fall to her knees as a result of vertigo on 8-11-2015 or 8-12-2015 and a second fall to her hands and knees, hitting her head, as a result of vertigo on 8-14-2015. She is wearing a brace on her left knee and left ankle. She rates her pain as unchanged at 7 out of 10 in the lumbar spine. There is no documentation of efficacy of Amitiza or metoclopramide. Disability status is documented as "not disabled since 11-08-2013." The plan of care included continuation of current medication regimen and computed tomography (CT) scan. Authorization was requested for metoclopramide 10mg #60 and Amitiza 24mcg #60. On 8-26-2015, Utilization Review non-certified the request for metoclopramide 10mg #60 and Amitiza 24mcg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoclopramide 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com Reglan.

Decision rationale: MTUS and ODG guidelines do not address the use of Reglan. The patient has a history of constipation and stomach ulcers. The patient was on chronic opiates which contributed to her constipation. Reglan is used to treat GERD or nausea and vomiting due to gastroparesis. The patient was not documented to have current stomach ulcers or suffering from heartburn, nausea, or vomiting. Review of systems was negative. The rationale for Reglan was not documented. Therefore the request is considered not medically necessary.

Amitiza 25mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Amitiza--Pain.

Decision rationale: The request for Amitiza is considered not medically necessary. The patient has been on opiates with resultant constipation. Amitiza is used as a second-line medication for opiate-induced constipation. There is no documentation on failure of first-line therapy. There is no documentation as to why Amitiza is needed. Review of systems did not mention constipation. Therefore, the request is considered not medically necessary.