

Case Number:	CM15-0025302		
Date Assigned:	02/17/2015	Date of Injury:	07/24/2012
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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 35-year-old male who reported an injury on 07/24/2012. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain, irritable bowel syndrome, and gastroparesis. The latest physician progress report submitted for review was documented on 12/18/2014. The physician's progress report is handwritten and mostly illegible. Upon examination, there was slight tenderness to palpation over the left lower quadrant of the abdomen. It was noted that the injured worker was utilizing Protonix, tramadol, Ultracet, cyclobenzaprine, and gabapentin. The injured worker was issued a prescription for Reglan 10 mg. A Request for Authorization form was then submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoclopramide 10 mg #120 Refills: 00 as an outpatient for neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics.

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

Decision rationale: The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. According to the documentation provided, the injured worker has continuously utilized the above medication. However, it is unclear exactly what the provider is treating with metoclopramide. The physician progress reports submitted for this review are handwritten and mostly illegible. As the medical necessity has not been established, the request cannot be determined as medically necessary at this time. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.