MAXIMUS Federal Services

Case Number:	CM15-0031828		
Date Assigned:	02/25/2015	Date of Injury:	10/18/2012
Decision Date:	07/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/20/2015

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, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 37-year-old male who sustained an industrial injury on 10/18/2012. He reported a motor vehicle accident where he was rear-ended by another car resulting in neck and lower back pain. The injured worker was diagnosed as having musculoligamentous sprain, cervical spine; canal stenosis C4-5 and C5-6 (MRI 02/05/2013); muwdulolitqm3n5ouw wp4qin lumgq4 wpin3; 4mm broad-based left paracentral disc protrusion at L4-5 and 5mm left paracentral disc protrusion at L5-S1 (MRI 02/05/2013). Treatment to date has included physical therapy and medications including nonsteroidal anti-inflammatory medications, opioids, and muscle relaxants. An epidural steroid injection (06/30/2014) was reported to provide 60% relief for 6 weeks. Currently, the injured worker complains of intractable low back pain with radiation to the bilateral hips and legs. Low back pain is rated at 7-8/10 and accompanied by stiffness and spasm. There is no evidence of lumbar radiculopathy. There is tenderness and spasm noted over the paravertebral and trapezial musculature bilaterally. Flexion is 40 degrees, extension is 20 degrees, and rotation to the right is 60 degrees. Rotation to the left is 70 degrees, lateral bending to the right is 30 degrees, and lateral bending to the left is 20 degrees. The thoracic spine has no paravertebral muscle spasm. Rotation is 40 degrees bilaterally. The lumbar spine has tenderness and palpable spasm over the paravertebral musculature bilaterally. Range of motion in all planes is diminished. Motor strength of the lower extremities is intact. Reflexes are intact. The treatment plan is for a lumbar epidural steroid injection, continue home exercise program, and give medications. Opioid counseling was given. A request for authorization is made for the

following: 1. Butrans 5mcg/hr. #4, DS: 28, 2. Oxycodone-APAP 10/325mg #180, DS: 30, 3. Metoclopramide HCL 10mg #60, DS: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metoclopramide HCL 10mg #60, DS: 30: 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 Metoclopramide (Rx) http://reference.medscape.com/drug/reglan-metozolv-odt-metoclopramide-342051.

Decision rationale: According to ODG guidelines, Metoclopramide is indicated in case of chemotherapy-induced nausea and vomiting, diabetic gastroparesis and GI reflux. It is not indicated in case of opioid induced nausea. There is no documentation that the patient is suffering from any of the above conditions. Therefore, the request for Metoclopramide HCL 10mg #60, DS: 30 are not medically necessary.