

Case Number:	CM15-0045939		
Date Assigned:	03/18/2015	Date of Injury:	11/19/2012
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania

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 60 year old female, who sustained an industrial injury on 11/19/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having facet joint arthrosis of the lumbar spine, bulging disc of the lumbar spine with left sided radiculopathy, severe osteoarthritis of the left hip and left knee, and plantar osteoarthritis of the left ankle. Treatment to date has included magnetic resonance imaging of the lumbar spine, left lumbar five to sacral one nerve root block, lumbar epidurogram, and medication regimen. In a progress note dated 02/04/2015 the treating provider reports complaints of pain to the lower back, left hip, left knee, and left ankle along with spasm to the lower lumbar region, pain with motion, and tenderness on palpation to the left lower lumbar region. The treating physician requested the medication Reglan for treatment of acid reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 10mg tablets 100 count bottle: 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 Lexicomp: Metoclopramide (Reglan) UpToDate: Medical management of gastroesophageal reflux disease in adults.

Decision rationale: Reglan is labeled for use in gastroesophageal reflux for up to 12 weeks. However, H2 blockers and PPI's are the recommended medications for esophageal reflux. This worker was on protonix on 7/30/2014. On 12/31/2014 he was no longer on protonix but Reglan was prescribed. There is no information provided as to why this change was made. There is no indication in the medical record for the treatment of reflux with Reglan over the typically recommended medications of an H2 blocker such as Pepcid or a PPI such as Protonix. Typically if a patient fails one PPI, another PPI is tried even up to twice daily before a medication such as Reglan would be given. Therefore this treatment is no medically necessary.