

Case Number:	CM14-0095663		
Date Assigned:	07/25/2014	Date of Injury:	12/09/2009
Decision Date:	10/23/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old male with a reported injury on December 09, 2009. The mechanism is noted as slip and fall, which caused injury to his neck and back and fracture to the little finger. Progress report dated 5/14/14 reported, the injured worker is able to achieve good pain control, without medication the pain rated 9/10 and with medications goes down to 5/10. Current medications include Percocet, Prilosec, Reglan, Amitriptyline, Senakot and Lexapro. The injured worker denies any significant side effects other than some acid refluxes which are helped with Prilosec. The injured worker notices significant reduction of acid reflux as long as he takes Prilosec. Abnormal drug seeking behavior is not reported. His urine drug screens have been consistent signs of drug the medical records report S/P cervical surgery on the 10/30/12. MRI of C-spine dated 01/05/12 and MRI-Lumber spine dated 09/10/12. EMG/NCV for bilateral hands on the 2/28/2011 reported negative. EMG/NVC of the bilateral legs 10/15/10 showed evidence of bilateral SI radiculitis. Lumber facet injection was reported in 2011 and 2012, physical therapy sessions and CT cervical dated 4/1/14 and psyche OME 12/12/12 and 10/09/13. Chest x-ray dated 1/27/14 was reported negative. Currently the injured worker is permanent and stationary, with permanent restrictions. The diagnoses are s/p cervical fusion on 10/30/12, Numbness and tingling in bilateral hands, chronic low back, right leg pain, Thoracic pain, Depression secondary to chronic pain. The current request is for Reglan 10mg, #60 and Prilosec 20mg, #30. In a prior review dated 6/5/14 this request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reglan 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Acute Migraine Treatment in Emergency Settings [Internet]. Editors Sumamo Schellenberg E, Dryden DM, Pasichnyk D, Ha C, Vandermeer B, Friedman BW, Colman I, Rowe BH. Source Rockville (MD): Agency for Healthcare Research and Quality (US); 2012 Nov. Report No.: 12(13)-EHC142-EF. AHRQ Comparative Effectiveness Reviews.

Decision rationale: Reglan/Metoclopramide. A dopamine antagonist used to treat nausea and vomiting (antiemetic) and may be a promotility agent. The documentation provided does not state for what diagnoses is being treated with Reglan. The claimant has headache and Reglan may have been prescribed as a dopamine antagonist similar to migraine treatment. But there is nothing documenting its efficacy. There is no documentation as to bouts of nausea or vomiting that would warrant Reglan being prescribed as an antiemetic. Therefore given the lack of documentation of medical necessity and efficacy, the Reglan as requested remains not medically necessary.

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California Medical Treatment Utilization Schedule has provided for use of Prilosec/Omeprazole, a proton pump inhibitor, for those suffering from gastrointestinal (GI) symptoms from non-steroidal anti-inflammatory drug (NSAID) use. However there is no documentation of any use of NSAIDs for this claimant. There are criteria outlined that stratifies GI risk, none are documented in this claimant's file. Therefore the request for Prilosec is not medically necessary.