

<b>Case Number:</b>	CM15-0118287		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/06/2005
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female, who sustained an industrial injury on 1/06/2005. She reported a misstep and fall with injury to the low back, right knee, and right ankle. Diagnoses include left knee meniscus tear, status post right knee repair, right ankle sprain, lumbar strain, and gastrointestinal upset, gastroesophageal reflux disease, hiatal hernia and irritable bowel syndrome. Treatments to date include Dexilant, Magnesium Oxide, Reglan, NSAIDs, and physical therapy. Currently, she complained of ongoing pain, swelling, and instability in the left knee, left ankle and low back. There was an ongoing burning sensation reported in the gastrointestinal tract, relieved with medication. On 5/3/15, the physical examination documented lumbar tenderness with limited range of motion, limping gait, swelling in the right ankle and right knee. The plan of care included Reglan 10mg, one tablet three times before meals and one tablet before bed #120 with three refills; and Magnesium Oxide 400mg, one daily #60 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reglan 10 mg Qty 120 with 3 refills, take 1 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2005. She continues to be treated for low back and left knee and ankle pain. When seen, there was lumbar spine tenderness and an antalgic gait. Straight leg raising was positive. There was knee swelling with weakness and diffuse ankle tenderness. Dexilant, Reglan, and magnesium oxide were prescribed. The claimant was not taking an oral non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Medications include Dexilant for gastroesophageal reflux disease. The continued prescribing of Reglan was not medically necessary.

**Magnesium Oxide 400 mg Qty 60 with 3 refills, take every day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2005. She continues to be treated for low back and left knee and ankle pain. When seen, there was lumbar spine tenderness and an antalgic gait. Straight leg raising was positive. There was knee swelling with weakness and diffuse ankle tenderness. Dexilant, Reglan, and magnesium oxide were prescribed. The claimant was not taking an oral non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Medications include Dexilant for gastroesophageal reflux disease. The continued prescribing of Magnesium Oxide was not medically necessary.